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CHEMIST & DRUGGIST

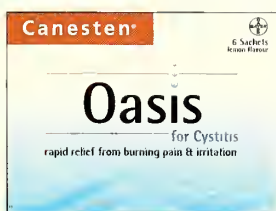
THE NEWSWEEKLY FOR PHARMACY

Who can now offer the
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Purchase agent loses appeal in Dorset

*Pharmacist extends
warfarin testing to
patients' homes*

*Electricals give power
to the pharmacy*

*Avoiding the pre-
millennial tension*

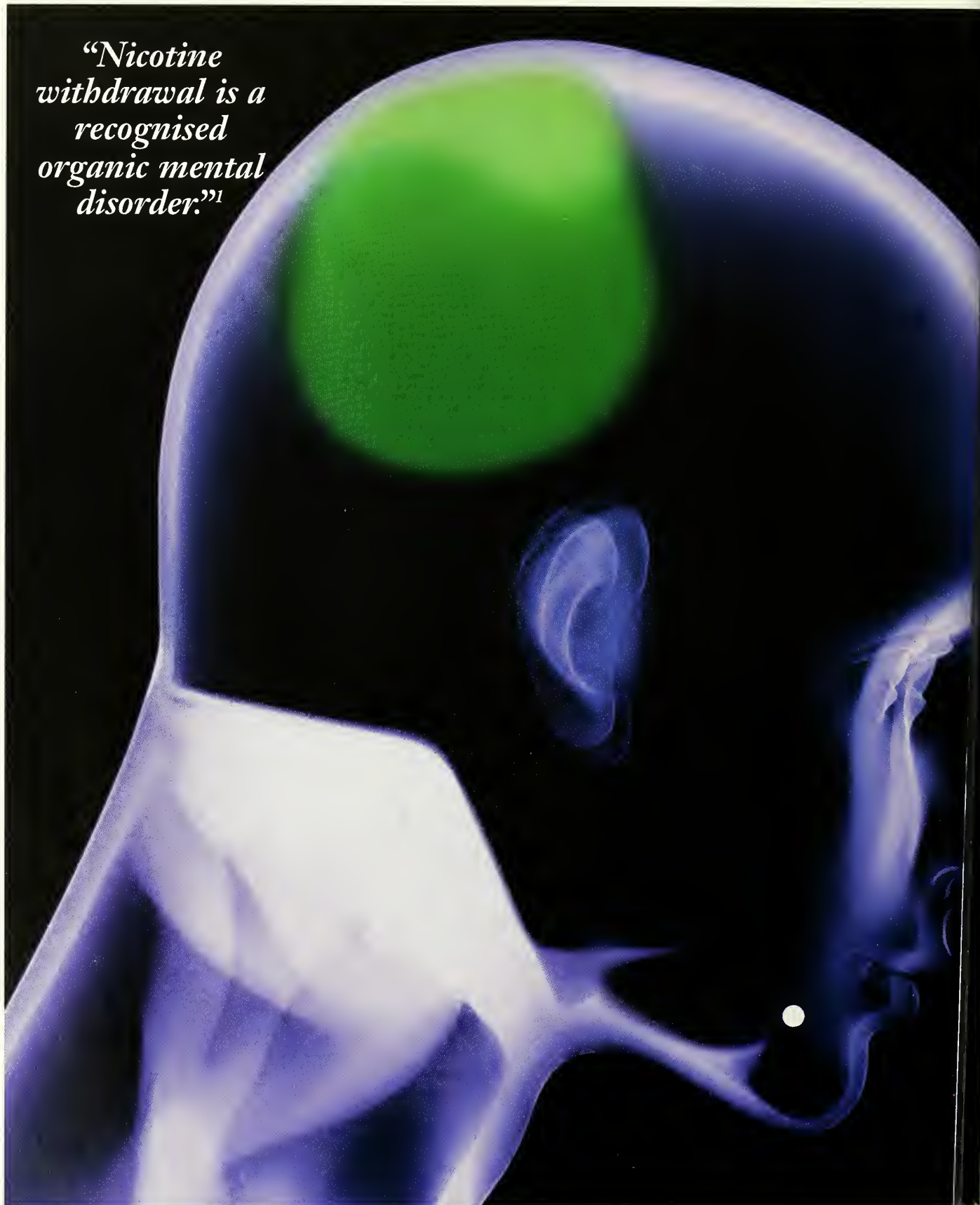
*Wholesalers take no
blame for current
stock shortages*



*The appliance of
herbal science*

Online at <http://www.dotpharmacy.com/>

"Nicotine withdrawal is a recognised organic mental disorder."¹



References: 1. American Psychiatric Association: The Diagnostic and Statistical Manual of Mental Health Disorders, fourth edition 1994.

Product Information: Nicorette Microtab. **Presentation:** Nicotine B-cyclodextrin complex 17.4 mg, equivalent to 2 mg nicotine. **Indications:** Intended to help smokers who want to give up smoking, but who experience difficulty in doing so owing to their dependence on nicotine. **Dosage:** *Adults and elderly:* The tablet is used sub-lingually with a recommended dose of one tablet per hour or, for heavy smokers (more than 20 cigarettes per day), two tablets per hour. Most smokers require 8-12 or 16-24 tablets per day, not to exceed 40 tablets. Duration of treatment is individual but between 3 and 6 months is recommended. The nicotine dose should be gradually reduced by decreasing the total number of tablets used per day. Treatment should be stopped when daily consumption is down to one or two tablets. *Children:* contra-indicated

below age 18 years. **Contra-indications:** Pregnancy. **Special warnings and precautions for use:** Angina pectoris, peptic ulcer, recent myocardial infarction, serious cardiac arrhythmia, hypertension, peripheral vascular disease or hepatic, renal or gastric disease. In some cases, the dose of some drugs may need adjusting – see leaflet. **Side effects:** Most commonly mouth irritation, hiccups, nausea, dizziness, unpleasant taste, headache, sensation of throat. **Pharmaceutical Precautions:** Do not store above 30°C. **Legal category:** [P]. **Quantities and cost:** 30 - Starter Pack (£3.57); 105s - Refill Pack £9.84. (Trade price time of going to press). **PL Holder:** Pharmacia & Upjohn Limited, Davy Avenue, Mill MK5 8PH. Tel 01908 661101. (PL00032/0239). **Date of preparation:** December 19



Pharmacia & Upjohn

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100% Logical

STIEFEL
Research in Dermatology

Abbreviated Prescribing Information. PanOxyl Wash 10%. **Presentation:** PanOxyl Wash 10% is a lotion containing benzoyl peroxide 10.0% w/w. **Uses:** For the treatment of acne vulgaris. **Dose and method of administration:** Wet the affected area with water and wash thoroughly with PanOxyl Wash. Rinse well with warm water, then rinse with cold water. Pat dry with a clean towel. Use once a day. **Contra-indications:** Patients with a known hypersensitivity to any of the ingredients. **Caution:** Avoid contact with the eyes, mouth and other mucous membranes. Care should be taken when applying the product to the neck and other sensitive areas. The product may

bleach dyed fabrics. Keep out of reach of children. **Side Effects:** In normal use, a mild burning sensation probably be felt on first application and a moderate reddening and peeling of the skin will occur within a few days. During the first few weeks of treatment a sudden increase in peeling will occur in most patients; this is not harmful and will normally subside in a day or two if treatment is temporarily discontinued. **Legal Category:** P. **Price:** 150 ml, £7.05 **Product Licence Number:** PL 0174/0048 **Product Licence Holder:** Stiefel Laboratories (UK) Ltd, Holtspur Lane, Wooburn Green, High Wycombe, Bucks, HP10 0AU. **Date of Information:** October

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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COMMENT

Shortages of aspirin and paracetamol in the wake of MLX 231; the knock-on increase in ibuprofen sales producing shortages, not helped by the Medicines Control Agency's shut down of Regent GM - a major supplier; atenolol and warfarin in short supply for the same reason; a global shortage of co-codamol; the Christmas lay-off; uncertainty over what's going to happen next with patient packs; the cough/cold outbreak ... The excuses are many and varied but the outcome is the same: patients are not getting the medicines they need because the supply chain cannot deliver. For pharmacists, where the buck stops, it doesn't matter who their wholesaler is, although the problem lines may differ slightly. It may be of some comfort that stock availability was probably at its worst shortly after New Year, and is now drifting back towards the norm. But there is the paradox that business efficiency and supposedly better communication means stock availability is thought by many to be poorer now than a decade ago. It's not strictly true, of course. Wholesalers like AAH aim for a 97 per cent plus service level from an inventory of 22,000 SKUs. But it is a fact that stock levels in the supply chain have fallen. With twice-daily deliveries for most ethical lines and computerised stock management systems, dispensary stock can be kept tight with minimum effort. Wholesalers likewise keep stock levels down to around two weeks - it's one of the few options they have to help improve their tight margins. A consequence of this move to 'just in time' supply means that when manufacturers cannot provide, the impact is quickly seen down the line. Consolidation of production sites, frequently abroad - where labour costs are lower, has also reduced the flexibility of suppliers to respond quickly to local problems, as has the more widespread outsourcing of products to contract manufacturers. Wholesalers are once again lambasting manufacturers for their failure to communicate their problems. Pharmacists will be forgiven for being a touch sceptical.

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Appropriate antibiotic use scheme launched in South Essex

South Essex health promotion unit is offering £500 prize money in a competition for the best pharmacy display promoting appropriate antibiotic use.

The display, which can be in a window or inside the shop, should contain information and guidance about the relative merits of antibiotics and OTC treatments, and must run from this week until February 6. Posters are available from the health promotion unit for use in the display.

Winners will be chosen on February 6, and judges will include a local community health council member, a representative from the health promotion unit and Anne Bretherton, the health authority's pharmacy facilitator. First prize is £350, second is £100, and third prize is £50.

In conjunction with this competition, the HA has distributed 100 leaflets to each contractor in the area which explain appropriate antibiotic use to patients. Pharmacists have been asked to give these to all patients requesting cold remedies.

Smoking Control Network launched

Health charities, the medical profession and a pharmaceutical company joined forces this week to form the Smoking Control Network.

The Network aims to increase the provision of information, advice and support for smokers, discourage people from taking up smoking and encourage smokers to quit.

Initiatives planned for 1999 are:

- to press MPs to show their support for the 'Smoking Kills' White Paper - in particular, the cessation programme
- to produce a joint leaflet on quitting to be distributed by Network members
- to lobby for European Union legislation to include quitting advice on all cigarette packs sold in the EU.

Founding members of the Network, supported by SmithKline Beecham, are: the Cancer Research Campaign, the Imperial Cancer Research Fund, the British Lung Foundation, the Stroke Association, the British Dental Association and QUIT.

The tobacco White Paper aims to reduce the number of smokers by 1.5 million by 2010. If the Government, health professionals and voluntary organisations work together, this could happen earlier, the Network believes.

Company seeks contracts to sell on to others

A company has been set up to obtain NHS contracts and sell the pharmacies on, possibly to dispensing doctors.

Richard Cannon Services Ltd, based in Wellingborough, Northants, and registered at Companies House since 1994, has been applying for contracts throughout England, but has not yet been granted any.

Pharmacist and director Paul Longland, who lives in Northampton, told *C&D*: "We're an organisation that applies for contracts on behalf of other people. If we were granted a contract we would open the pharmacy for as short a time as possible then sell it on. Our intention would not be to trade or profit in the pharmacy. We're not interested in becoming a chain, we're merely facilitating contracts for other parties."

He was not prepared to divulge who these "other parties" might be, but said they could be dispensing doctors. The two other directors are an accountant and a non-pharmacist business man "with a good grasp of community pharmacy and a good ear to the ground for business possibilities".

Mr Longland said there was nothing wrong or dishonourable about the group. "We are trying to offer the facility for spotting opportunities and getting good quality pharmaceutical ser-

vices established in areas without them".

The company's annual report for the year ending September 30, 1997, classified the main business activities as "the provision of pharmaceutical services". Turnover was £2,250 and profit after tax £1,619.

Mr Longland could not recall how many contracts the company had applied for, but a recent one was in Dorset, which was turned down by the health authority despite an appeal. Richard Cannon Services secured premises in Verwood, close to the Lake Road Surgery from which doctors dispense for patients outside the one mile limit. There were already two pharmacies in Verwood - JF Gallagher and a late-opening Safeway - and the HA decided that another was neither necessary nor desirable.

On appeal, Richard Cannon Services argued that the Safeway pharmacy, at three-quarters of a mile from the proposed site, was too far away for the elderly or patients without a car and that a third pharmacy in this growing area was not only desirable but "very necessary". The pharmacy appeals committee thought that it might be convenient to have another pharmacy, but convenience was not the test to be

applied; there was no evidence that the existing pharmaceutical provision was inadequate.

A spokeswoman from Dorset HA said that the suitability of a company applying for a contract would not be investigated until after the contract had been granted and dispensing was due to start, when staffing proposals would be checked to see if they complied with legal requirements. In this case the application was unsuccessful, so no further investigations were made.

Stephen Axon, general secretary, Pharmaceutical Services Negotiating Committee, expressed some surprise about the arrangement. "An application for an NHS contract is personal on behalf of the applicant and a successful application is not transferable to another person or a body corporate. Transfers can take place only after the applicant has started providing pharmaceutical services, therefore any company must be in a position to provide these services at the time the pharmacy opens.

"Only after the applicant has started providing pharmaceutical services can the application to the HA be made to transfer the contract... You can't sell a contract, you can only sell a retail pharmacy business with a contract."

Scots pharmacists will need new political skills

The new Scottish parliament means pharmacists will have to learn new political and communication skills, a Scottish Pharmaceutical General Council adviser has warned.

With the possibility of an unfamiliar way of government - such as a coalition or a Labour-Liberal pact - and a committee system in the new parliament, the approaches made by pharmacists to ministers and Members of the Scottish Parliament (MSPs) could be influenced.

Health will account for 32 per cent of the £13.4 billion block vote and will be one of the most important departments, said the SPGC parliamentary adviser and Heriot-Watt University economist Professor Alan Thompson. "Here will be one of the most innovative opportunities for pharmacists. It will be a major policy area."

The committee system will be one of the main targets for representation and consultation, and members will

have greater powers than at Westminster. "Pharmacists will have the opportunity to feed their ideas and proposals into the committee system at a much earlier stage of policy making," he said. "They must seize this opportunity promptly and effectively."

Another area where pharmacists may exert some influence is in expert panels. These are being established to advise the committees, some of which may be televised, and would have non-MSPs as members. "This again presents a challenge and opportunity for effective pharmaceutical presentations."

Pharmacists' approach should be "constructive, well-considered and sophisticated if it is not to arouse a backlash against the more extreme and brash forms of lobbying", he added.

● The British Medical Association's Scottish council's new policy document for the Scottish parliament is calling for an urgent review of the current prescription charge system.

Pharmacist to lead healthy living centre scheme

A Worcester pharmacist is hoping his pharmacy will lead a scheme establishing a healthy living centre.

Hooman Ghalamkari was to chair a seminar this week to discuss how the work of the Dines Green Health Action Group can be taken a stage further. This was set up last January to tackle head lice, which had been identified as a particularly local problem. Since then the HAG has continued a health promotion project, which has been recommended as a model of good practice by Worcester Health Authority.

Healthy living centres are intended to promote health in its widest context, particularly in tackling poor health and health inequalities in inner city and other deprived areas. The Government has set aside £300 million to help fund HLCs across Britain.

"Dines Green is ideal due to its lack of facilities and the strong community spirit is likely to make the initiative a success," says Mr Ghalamkari.

IN BRIEF

Scottish monthly statistics

There were 4,683,999 prescriptions dispensed in Scotland in September 1998, 4,674,448 by chemist contractors, at a total cost to the exchequer of £47,469,659. For chemist contractors, the ingredient cost per prescription was £9.1349, dispensing fees were £0.9488 with a professional allowance of £0.3523 and oncost of £0.0018. The gross total per prescription was £10.5514 or £10.0032 net. The average CD fees cost per prescription was £0.0626.

Northern Ireland statistics

There were 1,847,040 items dispensed from 1,074,220 prescription forms in Northern Ireland in October 1998. The ingredient cost was £18.89 million (£17.69m net). Discount was £1.2m, with oncost and other payments totalling £3.036m. The gross cost was £20.73m (£20.16m net). Gross cost per prescription was £11.221 with ingredient cost £10.2271. The net ingredient cost per prescription was £9.5773.

Dental patients happy

Nine out of ten patients (89 per cent) are happy with the care and treatment they receive from their dentist, according to a Harris poll commissioned by the British Dental Association. Over 55 per cent were very happy.

MRC annual accounts

The accounts for the Medical Research Council 1997-98 (ISBN 0 10 255899 X) are available from the Stationery Office, price £6.50.

Struck off by Society but appealing to High Court

A pharmacist struck off a year ago for obtaining money from the NHS by claiming for medicines he had never supplied to patients, was "prejudiced by a failure to give him a fair hearing and observing minimum standards of procedural fairness", the High Court was told on Tuesday.

Adrian Korsner of Finchley, North London, is appealing against the decision by the Royal Pharmaceutical Society's Statutory Committee made on January 22, 1998.

Judgement was reserved until a date to be fixed, after one and a half days of submissions. Jonathon Fisher, for Mr Korsner, said his penalty was "too severe".

Mr Korsner, who at the time was superintendent pharmacist of Brand Russell Chemists Ltd in Ballards Lane, Finchley, had an arrangement with two doctors - one NHS and the other in private practice.

He would supply private patients with drugs without charging them and then get the NHS doctor to supply the prescription. However, he would add extra drugs to the list which the patient did not require and then claim for them from the NHS.

The Society started investigations into Mr Korsner's arrangement with the two doctors in September 1994. Mr Korsner was arrested on November 17, 1994, on suspicion of defrauding the NHS, but no charges were brought against him or anyone else.

Mr Fisher said the Statutory Committee erred in permitting written witness statements made by people referred to as 'DL', 'HC' and 'BC' to be admitted, and did so without receiving confirmation from Mr Korsner that they could be admitted. Mr Fisher said that each of the people who made witness statements also made other statements which were inconsistent with the previous ones.

The Committee also failed to consider the relevance of medical records to Mr Korsner and he had been "unable to give his evidence in an uninterrupted and coherent manner".

As well as complaining about the severity of the decision to strike him off, he said it was "wrong in principle", and his case had been affected by delay.

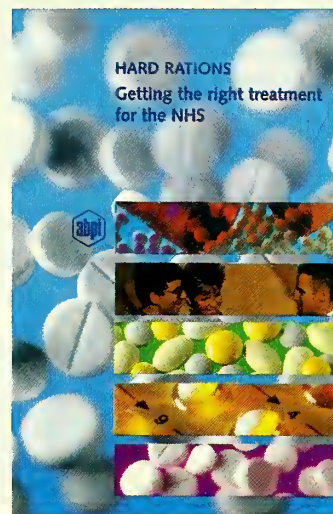
David Bradly, for the Society, said even if there were certain procedural difficulties, there was no effect on the findings of misconduct.

Dorset contract funding clarification

A conference report (*C&D*, last week p27) said that some funding for the Dorset contract had come from devolved payments from the global sum and the rest from the health authority's primary care development budget. We wish to make clear that the devolved

payments are similar to those paid to contractors elsewhere, ie for the compulsory elements of the contract such as out-of-hours services and advice to homes. The Dorset accredited contractors are paid for their specialist services from primary care development funds.

Patients are not getting the best treatment say GPs



Almost 60 per cent of GPs feel that their patients do not receive the best treatment available, regardless of cost, according to a survey published by the Association of the British Pharmaceutical Industry.

Over half of these GPs said their local health authority had stated it could not afford certain treatments, or had issued guidelines not to provide them.

The results of the NOP Healthcare poll are included in a report published by the ABPI. The author of the report, Chris Mihill, calls for a more honest and open approach to rationing of NHS medicines. He claims that "an invisible patchwork of deprivation lies across the country". 'Hard rations: Getting the right treatment for the NHS' claims that a proposed solution to this problem, the National Institute for Clinical Excellence, may make the situation worse.

It would be counterproductive if NICE required further evidence on new medicines' cost-effectiveness prior to NHS availability, it says. This would delay the introduction of new drugs into the UK and possibly deter pharmaceutical companies from investing here.

Wholesale licences

Regulations coming into effect on February 1 require wholesalers to meet certain requirements if they import medicinal products for which marketing authorisations are not required under the Medicines for Human Use Regulations 1994. The Medicines (Standard Provisions for Licences and Certificates) Amendment Regulations 1999 (SI No 4, Stationery Office £2) require the licensing authority to be notified on importation, record-keeping and set maximum quantities for import.

Warfarin testing at home

A Sunderland pharmacist is taking anticoagulant testing to patients' homes as an extension of a community pharmacy-based testing scheme.

Neil Frankland's first domiciliary visit was just before Christmas, to a warfarin patient who had had a fall. Over the weeks, he hopes to build a regular home-based client list of about 20 people in addition to his weekly clinic at the pharmacy.

The service is being extended to allow for people with mobility problems, or those who have difficulty in accessing a regular clinic, says Mr Frankland. This may include amputees, people who have had operations, the visually impaired and the acutely ill. "The aim is to ensure that people are not being missed either at the hospital

or community clinic. It provides a safety net so that people are not being allowed to get out of control [with their medication]," he told *C&D* on Tuesday.

Mr Frankland uses an "eminently portable" bench-top analyser which can give results in a couple of minutes. He is then able to change medication levels, if necessary, on the spot. Visiting the patients also allows him to discuss any new medicines they have or ask about illnesses or any other factors which may affect control.

Funding for the domiciliary visiting currently comes from the community anticoagulant clinic scheme operating out of three Sunderland pharmacies (*C&D* February 21, 1998, p4; May 30, 1998, p4). "We have to look to demonstrate a benefit," he says. This will show

clinical benefits and cost savings, he hopes. Savings should be made by reducing hospital admissions or by reducing the need for the district nurse to visit the patient, take the blood sample to the hospital and then return with the results.

"We can test the patient and offer the same service as they would get in a hospital clinic," says Mr Frankland. Going out to patients and monitoring clinical aspects is a way to demonstrate the pharmacist's worth. "We can operate on about half the costs of the current hospital tests. And in terms of patient acceptability, we do not have patient waiting times. It's what people as consumers of healthcare want."

Training has been given by clinician Dr Labib Tadros.

AAH sends last minute RPM plea to OFT

AAH Pharmaceuticals is to make a last minute plea over resale price maintenance to the Office of Fair Trading.

On Tuesday, the company released the contents of the letter its professional services manager Dr Mandeep Mudhar is to send to director general of fair trading John Bridgman. The RPM leave hearing is scheduled for February 10-11 in the Restrictive Practices Court.

In it, Dr Mudhar questions what a reduction of prices would say to customers. Having seen a garage selling 16 paracetamol for £0.23, he says: "What appalled me was what this said to the customer about what the product they were about to buy was worth. We are not talking about blockbuster books here, but drugs."

Drugs should not be offered at slashed prices, instead, "drugs are valuable and should be sold at the value they have for our health rather than how much they cost to make, mark up, stock high and sell. The price of pharmaceuticals should reflect so much more than the cost of the actual tablet."

"When patients purchase any medicine, they do so in the expectation that it will be safe and beneficial to their health... They also, one would hope, feel that the price they pay includes the advice of the pharmacist, who will assure them this is the right drug for their ailment and is safe for them to take." He believes most pharmacists will still be conscientious enough to offer vital advice, although there may be little compunction to spend time giving customers advice on medicines "for a few pennies".

RPM is the public's safety net, he argues. "It guarantees the purchaser will perceive the item to be valuable and treat it and its effects with the respect they deserve and it ensures pharmacists are around to offer vital advice about these same medicines."

No plans to change vitamin status

The Proprietary Association of Great Britain has welcomed government assurance that it does not wish to change the status of food supplements from foods to medicines.

Baroness Hayman, parliamentary under-secretary, Department of Health, said in the House of Lords last month: "We do not believe that there should be limits on the vitamin and mineral content of supplements based on anything other than safety considerations. We should still like to have available as food supplements those products which are classified as safe."

She was replying to a question on European attempts to have vitamins

First 'Over to you' roadshow is a runaway success



Marshall Davies, Council member and former Boots' superintendent pharmacist, introducing the roadshow



Geoff Watts, former presenter of Radio 4's 'Medicine now', talking about effective communication

The Royal Pharmaceutical Society is delighted by the turn out at its first 'Over to you' roadshow in Nottingham this week.

Over 200 pharmacists from the Sherwood region saw examples of successful 'Pharmacy in a New Age' projects and heard two guest speakers talk about stress management and effective communication.

"It was a very exciting experience to meet so many members at such an event," said Beverley Parkin, the Society's director of public affairs. "Nottingham did us proud and we are all looking forward to the Manchester roadshow in April."

The presentation was introduced by Marshall Davies, Council member and former Boots' superintendent pharmacist. Mr Davies said that pharmacists are facing a "rapid and disconcerting pace of change in their professional lives". 'Pharmacy in a New Age' is the profession's initiative to help pharmacists think about the future in a constructive way and work towards a future that they want, he said. "The point is, if you ignore the future, it doesn't go away," he added.

Roger Odd, head of professional and scientific support at the Society, acknowledged the present unsettling times for pharmacists but said that the profession will only be able to shape its future and realise its full potential if pharmacists can demonstrate the value of everything they have to offer. Pharmacists must recognise that "the New Age programme is not a quest for Utopia", but "the status quo is no longer an option", he said.

Five New Age 'pioneers' were introduced by Anne Adams, PIANA co-ordinator for the Society. Matthew Shaw, one of the pioneers, has become involved in a diabetic blood monitoring service in Chesterfield. "I believe it

is up to us as a profession to keep knocking on doors until they are opened. If we give up, we will never move forward and it is the patient and ourselves who will suffer." He also described how professionally satisfying it is to see the service so well received and appreciated by patients.

Mindy Bassi, who is involved in the Nottingham head lice prescribing project, advised that "it is important to involve and enthuse key players at the beginning of a project".

Guest speaker Michael Bland, consultant, author and lecturer in crisis management and overcoming stress, presented a number of stress management strategies for pharmacists. He explained why some people thrive in stressful situations, while others go to pieces. It is not the environment which causes negative stress reactions, but our response to that environment, said Mr Bland.

Geoff Watts, former presenter of Radio 4's 'Medicine now' programme, demonstrated a number of effective communication methods. He stressed the importance of speaking plainly and simply, and keeping technical jargon to a minimum when talking to patients. Use of the active voice and not being afraid of repetition can improve communication with patients, he said.

Mr Odd concluded the presentation by saying that the Society is willing to help with New Age initiatives wherever it can. "Tell us what you need from us and tell us what help we can give you," he urged.

● The Society is planning to host a conference where pharmacist involved in providing innovative services can showcase their value to healthcare planners. This will be a joint event with other organisations representing pharmacists.



Some of the 200 pharmacists who attended the Pharmaceutical Society's first 'Over to you' roadshow

MCA power shift proposals gain little support

Only three out of 347 representations received by the Government "broadly support" proposals to amend Medicines Control Agency powers regarding marketing authorisations.

Health minister Tessa Jowell has defended the proposals, set out in MLX 249, saying there are no plans to extend MCA powers as set out by the Medicines Act and the Medicines for Human Use (Marketing Authorisations Etc) Regulations. However, in a written answer this week, she said that MLX 249 proposals would amend the Regulations that relate to a new statutory procedure for determining whether a product should be classified as a medicinal product requiring licensing.

"The procedure would allow for representations to be made against a provisional determination that a product requires licensing," she argued. "If a final determination is made, it will be sufficient evidence for the purposes of legal proceedings that the product requires licensing, unless it can be shown that the determination was made unreasonably or has been annulled."

The proposals have met with opposition from several quarters, especially supplemental food and nutrition manufacturers. Great Grimsby MP Austin Mitchell was told that of the 69 letters from MPs and the 278 representations from other interested bodies and individuals, only "three broadly support the proposals".

Campaign for no sweets at counter is a success

A Northern Ireland campaign to remove sweets from near checkouts in pharmacies and supermarkets has been deemed a success.

The No Sweets at Checkouts Action Group says that many pharmacies in the province have removed sugar-containing confectionery, and numbers are increasing. "It is envisaged that now that the campaign has taken hold, people at a local level will keep up the momentum and we look forward to confectionery-free supermarket and pharmacy checkouts," it adds.

Pharmacies had been targeted after the campaign was launched in 1993. It was found that, although more supermarkets were taking part, "the issue of chemist shops was ... a problem area".

Pharmacist Terry Maguire joined the campaign, representing the Pharmaceutical Society of Northern Ireland. Following the modification in 1995 of the PSNI's policy on sales of sugar-based confectionery, the situation has been reinforced and monitored.

Xrayser

Topical Reflections

The grass is always greener ...

I always find the **GP Perspective** column in *C&D* interesting because it often mirrors my own thoughts and sympathies about our medical colleagues.

Last week's offering was no exception until Dr Harry Brown admitted that all is not gloom and doom. He expects the pay review body to recommend a realistic increase and there is still £60 million from last year's pot. If only I were in such a lucky position!

I have already spent most of my 'clawback' on improvements to the pharmacy (and I pray these will bring enough new business to cover the cost) and I expect further financial attrition in next year's settlement.

GP practice may be stressful, morale may be low, and recruitment and retention still a problem, but at least it is adequately paid!

Can GPs live with the cost of clinical freedom?

Frank Dobson, the health secretary, has once again fuelled the fires of medical paranoia by announcing proposed regulatory controls over the prescribing of Viagra on the NHS.

Ever since the inception of the NHS, doctors have zealously defended their right to unrestrained prescribing in accordance with clinical need. Over the past few years this right has been whittled away, as health authorities have taken unilateral action to restrain spending. The fundholding experiment also served to make GPs more aware of the cost of clinical freedom.

But now, for the first time, a health secretary has proposed to introduce a national regulatory control over the NHS prescribing of a new drug. With the National Institute of Clinical Excellence lurking in the wings, many doctors fear that this is the thin end of the wedge.

I can understand GPs' fear that basic economics may at last be undermining their clinical freedom, but this has been the situation that has always ruled in hospital practice. There, clinicians accept the problems this may cause them. There are



grumbles, but there is also an awareness of their financial responsibilities. In general practice this is a hard lesson to learn.

Perhaps Frank Dobson is backing his horse each way by signalling his preparedness to intervene from the centre if his fledgling primary care groups are unable to manage a cash-limited service.

The British Medical Association sees this as unreasonable interference, but as PCGs become directly accountable for their own cash-limited budgets, they may sing a different tune. When the dreaded word 'rationing' is murmured, doctors may be grateful to Frank Dobson for taking ministerial responsibility for unpalatable prescribing decisions that they themselves would otherwise have to enforce.

The crazy world of drug pricing

That nice young man from Trinity Pharmaceuticals has just convinced my local surgery that it is in its best budgetary interests to change from prescribing generic sustained release formulations to prescribing by brand.

Now I know this is in accordance with the recommendation of the BNF, and the change to prescribing a Trinity brand will save money for each individual practice's prescribing budget. However,

globally the NHS will be the poorer.

For every prescribed Trinity brand I dispense, the NHS will pay the full list price, but if I had dispensed on an open prescription and designated the manufacturer, I would be paid the full list price of that manufacturer. If I had purchased that brand at lower than list, this would be accounted for in the discount inquiry.

Trinity does not provide me with any discount other than normal wholesale terms, but I do buy other, equivalent brands at more competitive prices. In the insane world of discount clawback, for every Trinity brand dispensed I will lose the difference between the alternative endorsed list and what I pay, less the 10 per cent wholesale discount.

Individually, I stand to lose on the swings, but the roundabout of discount inquiries will detect a lessening in the discounts I can achieve and the global discount clawback will eventually adjust.

Net result, I lose, the NHS loses and doctors gain. But, of course, the biggest winner is Trinity, which is able to sell branded generics at high prices and to make envious profits.

These profits from the NHS as a whole can only be contained by the competitive pricing and promotion to doctors of opposing brands, or by the immediate introduction of a Drug Tariff price for those sustained release preparations where therapeutic equivalence is not clinically essential.



Counterpoints



Hakle goes soft to target women



Hakle is extending its moist toilet tissue range with the launch of a new luxury moist tissue targeted specifically at women.

Hakle Lady is formulated with hypo-allergenic ingredients to leave skin clean and soft. The embossed moist tissues are alcohol-free and have a skin neutral pH balance.

According to the manufacturer, the tissues are soft enough for make-up removal.

Available in 54-sheet packs, the product retails at £1.95.

● The launch coincides with the appointment of Food Brokers as the new distributor for the Hakle brand.

Food Brokers.
Tel: 01705 222500.

Natural approach to keeping kids well

Earth Force is introducing a children's liquid version of Source Naturals' Wellness Formula to help give youngsters protection against winter illnesses.

The alcohol-free liquid contains elderberry, echinacea, goldenseal, ginger root, isatis and other winter botanicals such as boneset and horehound.

Suitable for children over the age of 12 months, the formulation has a light

peppermint taste. The liquid is applied directly from a dropper onto the tongue.

The manufacturer says it can form part of a daily routine or simply be taken at the first sign of a cold or bodily imbalance.

Taken daily, each 2 fl oz bottle should last for approximately one month. Retail price is £9.99.

Earth Force.
Tel: 0117 904 9930.

Cussons builds its liquid assets



Cussons will be relaunching its Imperial Leather Handwash range in February.

The range will be extended to include two new variants - Moisturising, with vitamin E, and Refreshing, with natural aloe vera.

The Original variant has been

reformulated to improve the condition of the skin.

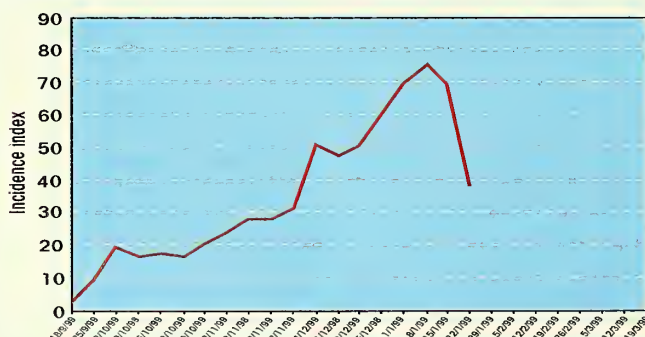
The products are packaged in a new bottle shape with a pump dispenser.

Retail price is £1.79 for 300ml.
Cussons (UK) Ltd.
Tel: 0161 491 8000.

Cough, cold & flu FORECAST

Information updated weekly by SDI

City	Status	Weeks on status	Incidence index for this week
Birmingham	Alert	4 weeks	29.3
Bristol	Alert	5 weeks	41.2
Glasgow	Alert	4 weeks	44.9
Leeds	Alert	8 weeks	29.1
London	Alert	5 weeks	40.8
Manchester	Alert	6 weeks	38.0
Newcastle	Alert	5 weeks	39.6
Norwich	Alert	4 weeks	32.2



SPONSORED BY



MARKET STATUS

ALERT
(week 6)

Trinity to put Avoca into pharmacies

Bray Health & Leisure has appointed Trinity Sales & Marketing to distribute its restyled Avoca Wart and Verrucae treatment to pharmacies.

Each Avoca unit (rsp £3.25) comprises a caustic pencil, emery file, six protector guide pads and six adhesive dressings. The product is designed to eliminate common warts in three treatments and verrucae in up to six treatments.

Trinity representatives are offering a special deal on the brand. For every outer of six units ordered, one further unit is free.

Trinity Sales & Marketing Ltd.
Tel: 01483 225691.

Divine intervention for Canesten

Bayer is supporting its Canesten Combi thrush treatment with a £5 million support programme this year.

The campaign kicks off with a national TV campaign which will be on ITV, Channel 4, Channel 5 and satellite until February 22.

The campaign is a repeat of last year's memorable 'vicar' commercial, in which it is revealed that the important wedding participant suffering from thrush is not the bride but the female vicar.

Bayer plc.
Tel: 01635 563000.

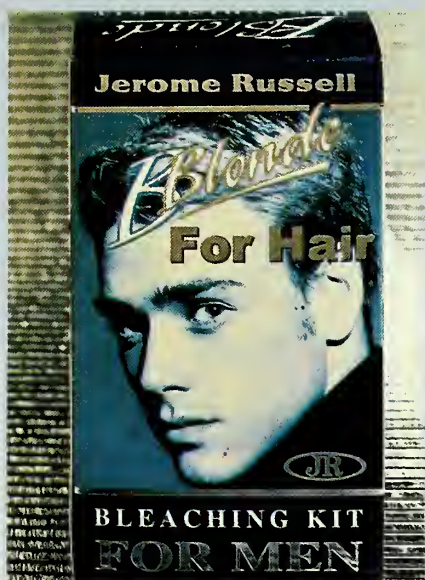
The bleach boys

Jerome Russell Cosmetics is launching a home bleaching kit specifically for men.

B Blonde for Men is being introduced in response to the trend for teenage boys to go blonde. According to the company, most of these lads would prefer to go blonde at home than in a hairdressing salon.

The easy-to-use kit retails at £3.99 and comes packed in boxes of six for the trade.

Jerome Russell Cosmetics Ltd.
Tel: 01708 554000.



Prelude puts personal haircare in the pink

Prelude Worldwide is launching a new range of licensed hair accessories, cosmetics and toiletries based on the Pink Panther cartoon character.

Products in the range include hair ruffles, prongs and butterfly clips, glitter foam bath, body spray, glitter lipstick, glitter nail varnish, body glitter and hair mascara. Retail prices range from £1.99 to £4.99.

A glitter compendium display stand is available.

● Channel 4 is broadcasting the series of Pink Panther shows in which the character speaks for the first time.

Prelude Worldwide Ltd.
Tel: 0191 233 0293.

Fragrances have appeal for both sexes

Aspects Beauty Company is launching a new Dolce & Gabbana fragrance range to appeal to young men and women.

D&G Feminine is a floral musk with top notes of tangerine, water lily, white cyclamen and green pear. It retails at £24 for a 50ml EDT spray and £32 for a 100ml EDT spray.

D&G Masculine is a citrus woody fragrance with fresh top notes of bergamot and lemon leaves. Retail prices are £22 for a 50ml EDT spray and £30 for a 100ml EDT spray.

Both fragrances come in the same simply shaped transparent glass bottle presented in a luminous steel coloured box.

Three bath products are also available in both fragrance lines.

The products will be launched exclusively in Harvey Nichols in London and Leeds on February 1, and nationwide from March 8.

Aspects Beauty Company.
Tel: 01273 408800.

Lip reading

Dendron has introduced new packaging for its Blistex lipcare range.

Blistex Lip Cream, Lip Tone, Lip Conditioner and Ultra Protection Lip Balm have all been restyled in line with the new Lip Revitaliser which was launched this month (C&D December 19/26, 1998, p10).

Retail price is £2.09 for all products except for Lip Revitaliser (rsp £2.95).

Dendron Ltd.
Tel: 01923 229251.

Free beauty guide from Murrays

Paul Murray has produced a free beauty guide for independent pharmacies to give away to customers.

The Essential Makeover Guide is a 12-page pocket sized booklet which focuses on nails, eyes and lips. It includes a collection of techniques and tips used by professional make-up artists and beauty salons.

A free perspex counter stand with the message 'please take a free copy' is available for pharmacies to display the booklet.

Paul Murray plc.
Tel: 01703 268444.



Win a holiday in display competition

Australian Bodycare will be running a window display competition for independent pharmacies and health food shops this spring.

Competition prizes include £3,000 worth of Going Places holiday vouchers (six prizes of £500 each). And 50 runners up will receive complete sets of the Australian Bodycare products worth £100 each.

To enter, retailers need to apply to the company before March 20.

Entrants will then receive an entry form together with a special window kit. Taking these basic tools, entrants can add their own elements and ideas to create a window display.

Australian Bodycare.
Tel: 01892 750333.

Gel campaign to target busy women

Chefaro will be backing its Vitalegs Herbal Gel with a £1 million support package in 1999.

A press campaign will run from February until September in mainstream women's magazines. The advertising is targeted at busy working women

with hectic lifestyles.

The product is formulated for tired, heavy legs (rsp £4.95, 100g). A counter unit, which reflects the advertisement, is available for in-store use.

Chefaro UK Ltd.
Tel: 01480 421808.

Boning up on vitamin D

Cod liver oil is a traditional health supplement with a history that stretches back centuries. But familiarity and tradition risk obscuring cod liver oil's very real and scientifically-recognised health benefits.

Cod liver oil is a natural source of the omega-3 chain polyunsaturated fatty acids (PUFAs) and the fat-soluble vitamins A and D.

An editorial published in the *British Medical Journal* (Vol 317, November 18, 1998) reported that there is a wealth of evidence documenting vitamin D deficiency in elderly populations in Europe and elsewhere.

It concluded that: 'The rationale for routine vitamin D supplementation in elderly and other high risk population is compelling'.

A recent study of the effects of vitamin D and calcium on bones by the government's Committee on Medical Aspects of Food and Nutrition Policy (COMA) also acknowledges that vitamin D deficiency is putting bone health at risk and recognises that it is difficult to get enough vitamin D from diet as very few foods contain it.

Vitamin D is vital to bone health as it controls the amount of calcium absorbed from the diet and in the bones. Having too little vitamin D over a period of time means that bones do not contain enough calcium. This can lead to rickets in children and the bone diseases osteomalacia and osteoporosis in adults.

Most people get vitamin D from the action of sunlight on the skin but people who rarely go out of doors or who cover up completely are at risk of deficiency as are older people, strict vegans and some Asian communities.

Regular supplementation with cod liver oil is a simple way to boost vitamin D intake. Two teaspoons daily will provide the 400 iu (10mcg) recommended intake for the elderly.

Cod Liver Oil is the Answer

Cartoon capers for Colgate

Colgate-Palmolive is spending £20 million on support for its oralcare portfolio this year, starting with a TV and poster blitz for Colgate Total toothpaste.

The 'cartoon character' TV campaign, which highlights the product's 12-hour protection, will be on air until February 7.

To reinforce the TV message, eye-catching red and white poster advertising for Colgate Total will run for two weeks from February 15. The campaign features the 'security guard' and 'most complete protection' posters.

Colgate-Palmolive (UK) Ltd.

Tel: 01483 302222.



Year round boost for Diflucan One

Pfizer Consumer Healthcare is supporting its Diflucan One oral treatment for vaginal thrush with a press campaign throughout the year.

Part of a £2.25 million advertising campaign, the new press advertisements will appear in

women's monthly magazines from February until November.

The campaign uses a series of simple, high quality images with new copy lines which highlight the simplicity of treating thrush orally.

Pfizer Consumer Healthcare.

Tel: 01420 84801.

ON TV NEXT WEEK

Aquafresh Flextip: All areas except C4, GMTV

Canesten Combi: All areas except GMTV

Carex: All areas

Diflucan One: All areas except U

Imodium Plus: All areas

Just for Men: All areas

Meltus: G, Y, C, HTV, M, CAR, TT, GMTV, Sat

Niquitin CQ: All areas

Nizoral Dandruff Shampoo: U

Oilatum bath formula: C, M, CAR

Oilatum Junior: C, M, CAR

Poli-Grip: All areas except GMTV

Radian B: All areas except GTV, U, STV, CTV, LWT, CAR

Sensodyne gentle mouthrinse: C

Sensodyne toothpaste: C

Sinex Wild Flowers: CAR

Vicks VapoRub : G, C, HTV, M, CAR, TT, C4, C5, GMTV, TSW, Sat

Vicks VapoSyrup: G, Y, C, HTV, M, CAR, TT, TSW

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

IN BRIEF

Tea tree ointment in a tube

Health Imports is introducing Thursday Plantation's Tea Tree Ointment in a 30ml tube (£2.95). The product is a natural medicated topical antiseptic in a water-repelling base. The active ingredients are tea tree oil and vitamin E.

Health Imports Ltd.

Tel: 01274 488511.

UK operation for Laclede

Laclede, the manufacturer of Oral-balance and Biotene, has set up a UK operation to market and distribute its range of products for dry mouth sufferers. The company plans to extend its range and introduce other products based on enzyme technology.

Laclede UK.

Tel: 01797 227570.

Remegel change

All orders and enquiries for Remegel indigestion and heartburn remedy should now be made to Seton-Schall, following its purchase of the brand from Warner-Lambert. The Remegel range comprises Original, Freshmint and Alpine Mint & Leman variants.

Seton-Schall Healthcare plc.

Tel: 0161 654 3000.

J&J wipes up

Johnson & Johnson is supporting its Johnson's Baby One Touch tub and skincare cloth wipes with a £1.5 million TV ad campaign and a £1m sampling programme. The product was the winner of the gold award in the 'Best wipes' category at the 1998 Mather & Baby Awards and the award will be featured in the advertising campaign.

Johnson & Johnson Ltd.

Tel: 01628 822222.

Tixymo

Specially made for children

Colour Free
Sugar Free
Strawberry Flavour

From 3 months
to 6 years

Suitable for:
Headache,
Toothache,
Teething,
Feverishness,
Colds,
Influenza

£2 million
National TV Campaign

Available in 100ml
and 150ml sizes

Product Information

Presentation: Sugar-free, colourless, strawberry flavoured oral suspension containing Paracetamol Ph Eur 120mg per 5 ml.

Indications: To relieve pain and fever in many conditions including headache, toothache, teething, feverishness, colds and influenza.

Dosage: Babies 3 months to 1 year: 5 ml; children 1 to 6 years: 5 to 10 ml. Repeat up to 3 or 4 times in 24 hours as required; not more frequently than 4 hours. Do not give to children under 3 months. CI: Hypersensitivity to paracetamol or other constituent.

Precautions: Severe renal or hepatic impairment. SE: Rare. Hypersensitivity reactions including skin rash. Blood disorders rarely reported in people who have paracetamol but link not established.

Legal category: P

Retail price: 100 ml: £2.15; 150 ml: £2.95

PL No: PL 0030/0143.

PL Holder: Novartis Consumer Health, Horsham, RH12 5AB.

Date of preparation: October 1998

Finally – an alternative in
pain and fever relief from
the makers of Tixylix



(Sorry it took so long)

At last there's a pharmacy only, paracetamol pain and fever relieving syrup from the makers of Tixylix - new Tixymol. It's specially made for children, with a taste they like. It's also colour free and sugar free – and we know that's important to Mums.

To make sure Mums know it's here, we're spending over £2 million on national TV advertising support.

So have new Tixymol ready and waiting – and maximise sales with an alternative they trust.

Tixymol[®]
Paracetamol

Specially made for children

SUGAR FREE – COLOUR FREE
Tixymol
PARACETAMOL

Soothing
pain & fever
relief

strawberry flavour
for 3 months plus



 **NOVARTIS**

For further information on winter bonuses please contact Sales Support on 01403 323 955. Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex RH12 5AB. Tel: 01403 210211

Medical matters

Doubt cast on fibre and colorectal protection theory

A new study in the *New England Journal of Medicine* has cast doubt over fibre's protective effect against colorectal cancer.

The suggestion that a high fibre diet could protect against colorectal cancer and adenoma was put forward decades ago, when African diets were found to reduce the incidence of the disease. However, epidemiological studies carried out since then have failed to prove a link and have been unable to distinguish between the effects of fibre and other plant components.

In this latest study, 88,757 women aged 34-59 who had no history of cancer, inflammatory bowel disease or familial polyposis were given a dietary

questionnaire to complete in 1980.

During the 16-year follow-up, 787 cases of colorectal cancer were reported and 1,012 of the 27,530 people who underwent endoscopy were found to have adenomas of the distal colon and rectum. However, after adjusting for age, established risk factors and total energy intake, the authors found no link between fibre intake and risk of colorectal cancer or adenoma, and no protective effect as was previously postulated. Variation in fibre intake over time did not influence results either.

Despite these findings, the authors believe there was still a case for increasing fibre in the diet. They could not rule out a weak association

between the cancer and high fibre intake (more than 30.35g; average fibre intakes in the US are 13.3g per day) or fibre intake early in life. This association was strengthened when adjustments for folate intake were made - folate, which is occasionally found in plant foods, is thought to protect against colorectal cancer.

Another reason for supporting high fibre intake in the diet was the strong inverse association with coronary heart disease.

Fibre is thought to exert its beneficial effects by diluting or adsorbing faecal carcinogens, reducing colonic transit time, altering bile acid metabolism, reducing colonic pH or increasing production of short-chain fatty acids.

Leflunomide shows promise in arthritis

Leflunomide may prove to be a useful alternative disease-modifying drug in the treatment of rheumatoid arthritis (RA), according to a phase III trial published in *The Lancet*.

Leflunomide inhibits de-novo pyrimidine synthesis and may influence the auto-immune process involved in the pathogenesis of RA. Other modes of action, yet to be established, may also be involved.

In the study, leflunomide was shown to be more effective than placebo and to have similar efficacy to sulphasalazine, another disease-modifying anti-rheumatic, in the treatment of RA. Tender joint counts and swollen joint counts were comparable in both active drugs and radiographic disease progression was significantly lower with these drugs, compared with placebo. The most common adverse events with leflunomide were diarrhoea (17 per cent), nausea (10 per cent), rash (10 per cent) and alopecia (8 per cent).

The authors conclude that safety and efficacy data suggest that leflunomide may be a useful drug for management of RA. However, longer and larger studies are needed to rule out any late or cumulative adverse effects.

Renal risks with ACE inhibitor use

Renal complications resulting from treatment with angiotensin-converting enzyme inhibitors are still being encountered unnecessarily, according to a study in this week's *British Medical Journal*.

Hospital admissions for ACE inhibitor-induced uraemia are common and the authors blame this on inadequate monitoring of renal failure in general practice.

Some 400 GPs were sent postal questionnaires to establish current use of ACE inhibitors and monitoring of renal failure.

Of those who replied, 85 per cent checked renal function before initiating ACE inhibitor therapy compared

with only 34 per cent who checked after treatment was started; 15 per cent never checked renal function. In addition, nine of the 135 admissions for uraemia were blamed on ACE inhibitors.

The results indicate that many GPs are still not regularly monitoring renal function, despite the well known risks associated with ACE inhibitors.

Judicious testing of renal function could, therefore, prevent many hospital admissions for uraemia, and vulnerable patients need to be particularly targeted - namely the elderly and those with heart failure, chronic renal impairment, renovascular disease or intercurrent illness.

JAMA study confirms orlistat's benefits

Orlistat has been shown to reduce weight, decrease weight gain and improve obesity-related risk factors in obese patients in a new study in the *Journal of the American Medical Association*.

The two-year study randomly assigned 892 obese patients (body mass index 30-43kg/m²) to either orlistat 120mg three times a day plus controlled-energy diet or placebo three times a day plus the diet.

The results showed that the treat-

ment group lost more weight than the placebo group in the first year (mean loss of 8.76kg compared with 5.63kg) and gained less weight back in the second year (mean weight regain 3.3kg vs 5.63kg). Treatment was also associated with improvements in fasting low-density lipoprotein cholesterol and insulin levels.

The results of this latest study are consistent with those of Sjostrom *et al*, who published their findings in *The Lancet* last year.



SCRIPT SPECIALS

Sevredol oral solution added

Napp Pharmaceuticals has added an oral liquid formulation to its existing Sevredol (morphine sulphate) tablet range. Sevredol comes as a 10mg/5ml oral solution (100ml, basic NHS price, £2.08; 300ml, £5.79; 500ml, £8.73) or a 20mg/ml concentrate (30ml, £5.83; 120ml, £21.74). Sevredol, an immediate release oral solution, is effective in the treatment of breakthrough pain when used in conjunction with controlled release morphine products.

Napp Pharmaceuticals. Tel: 01223 424444.

Triludan revised PIL

As a result of the recent European Commission decision on terfenadine, a revised Patient Information Leaflet (PIL) has been produced to replace those currently carried in packs of Triludan 60mg tablets and Triludan suspension. The new leaflets place greater emphasis on interactions and contraindications in hepatic and cardiac disease. From February 1, all Triludan stock supplied to wholesalers will carry the revised PIL.

Hoechst Marion Roussel. Tel: 01895 834343.

Crystapen injection 1,200mg

Britannia Pharmaceuticals has launched a high strength 1,200mg Crystapen Injection (benzylpenicillin sodium) to complement the existing 600mg variant. A pack of 25 vials has a basic NHS price of £24.13.

Britannia Pharmaceuticals Ltd. Tel: 01737 773741.

Hypurin supply update

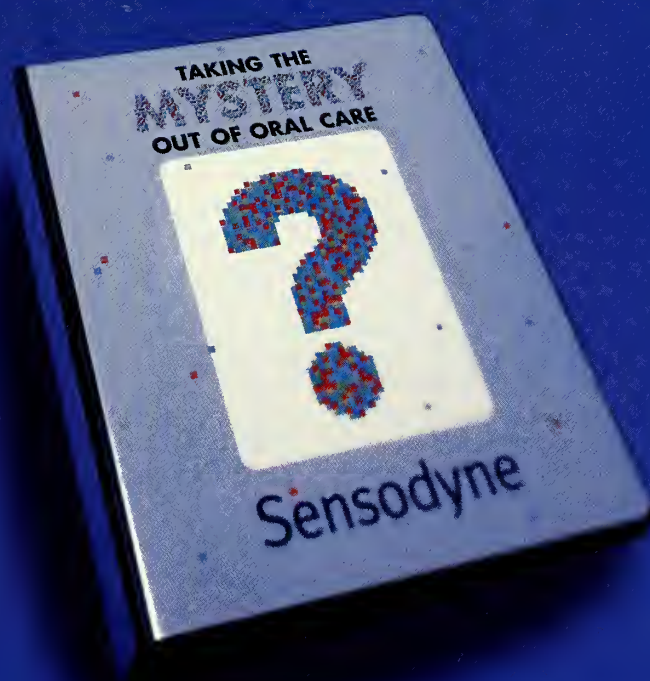
Hypurin Porcine Biphase Isophane 30/70 Mix Cartridges is continuing to experience supply problems due to a manufacturing process fault. Customers will be notified when these problems have been resolved and when a consistent supply of cartridges can be ensured.

CP Pharmaceuticals Ltd. Tel: 01978 661261.

Rosidal K on Tariff

Rosidal K Short Stretch Bandages will be available on an NHS prescription from February 1. The basic NHS price is £3.08 for 8cm size, £3.36 for 10cm, and £4.08 for 12cm size. Vernon-Carus Ltd. Tel: 01772 744493.

WHAT DO YOU DO IF YOUR CUSTOMERS ASK QUESTIONS



(THROW THE BOOK AT THEM)

Well it's not strictly speaking a book, it's the definitive pharmacy reference guide, which covers all aspects of oral care. If you haven't already received your copy of 'Taking the Mystery out of oral care' there'll be one landing on your doorstep soon, so watch out! You'll also be receiving a promotional package to encourage customers to ask about

all aspects of oral care, and with the help of the guide you'll be able to give them all the answers they need. This guide is yet another demonstration of our commitment to both your customers' oral care and to you and your pharmacy. When your customers ask about sensitivity, recommend Sensodyne, the No.1 toothpaste for sensitive teeth and gums.

potassium chloride, sodium fluoride, triclosan, strontium chloride

Product Information. Presentations: Sensodyne: strontium chloride hexahydrate, potassium chloride, sodium fluoride, triclosan, strontium chloride. Sensodyne Original: original flavoured and green mint flavoured dentifrice base. Sensodyne F: sodium fluoride PhEur 3.75%, sodium fluoride PhEur 0.32% and triclosan 0.3% in white dentifrice base. Sensodyne Gel: potassium chloride PhEur 3.75%, sodium fluoride PhEur 0.32% and triclosan 0.3% in translucent blue gel mint dentifrice base. Sensodyne F: Relief from the pain of dental sensitivity. Sensodyne F and Sensodyne Gel: Relief from the pain of dental sensitivity, an aid for the prevention of dental caries and an antimicrobial agent with proven anti-gingivitis activity. **Dosage and administration:** To be used 2-4 times daily in place of regular toothpaste. **Contraindications, warnings etc:** Sensitivity to any of the ingredients. Sensitive teeth may

indicate an underlying problem which needs prompt care by a dentist. See your dentist as soon as possible for advice.

Packaging quantities: Sensodyne: tubes of 45ml and 75ml. Sensodyne F: tubes of 45ml and 75ml. Pump dispenser of 100ml. Sensodyne Gel: tubes of 45ml and 75ml. **Costs:** (price per dozen) 45ml £16.69, 75ml £28.25, 100ml £36.15. **Legal Category:** GSL. **Product licence nos:** Sensodyne Original PL00036/5011R, Sensodyne Mint PL00036/0055R, Sensodyne F PL00036/0085, Sensodyne Gel PL00036/0086. Further information is available from Stafford-Miller Ltd, Broadwater Road, Welwyn Garden City, Herts AL9 8PL. 01707-331001. Date of revision: July 1997. Sensodyne is a trademark of Stafford-Miller Ltd.

STAFFORD-MILLER

With less than 1 per cent of sales of electrical appliances and allied products currently going through independent pharmacies, *C&D* focuses on a 'powerful' business opportunity

Power to the pharmacy

Despite growing competition, the pharmacy remains in a unique situation. No other retailer has such a captive audience, with pharmacy customers browsing around the shop for five to ten minutes while waiting for prescriptions. Furthermore, consumers are known to trust their local pharmacy and see it as a reliable place to shop and get advice.

Yet pharmacies are currently under intense pressure, with reduced margins on prescription business and increased competition on OTC business and margins under threat. As the number of independent pharmacies on the High Street dwindles, forward looking businesses are investigating new sales opportunities to take them into the 21st century.

Plug into appliances

Chris Spencer-Phillips, managing director of Medielite (a specialist distributor of small electrical appliances), is convinced that one opportunity is for pharmacists to 'plug into appliances'.

He explains: "For the past year, the Medielite team has been working closely with major electrical manufacturers to develop a strategy to help pharmacies sell appliances professionally and realise incremental profit opportunities."

"Historically, this market has only offered pharmacies 12-14 per cent PORs, but our new strategy has been developed to give pharmacies minimum PORs of 22 per cent."

The company has recently conducted a comprehensive survey with 1,000 pharmacies to establish what they thought of selling appliances. These were the key results:

- a number of pharmacies have tried appliances at Christmas time - buying a few hair dryers and shavers
- with no price guidance, pharmacies tend to price above the High-Street multiples

- pharmacies struggle to sell the products and, in some instances, have sold them off at lower than cost six months down the line
- these products have been poorly displayed in pharmacies because of concern about theft
- there is a strong feeling that appliances are not viable for independent pharmacies.

With these results in mind, Medielite is launching a new initiative for local pharmacies to embrace, taking on a selected range of appliances and allied products.

Chris Spencer-Phillips comments: "We are beginning to see a growing number of local pharmacy customers thriving in this competitive environment. Some local pharmacies have a positive approach to change. They have recognised their own strengths and weaknesses and are starting to provide a superior service. A number are specialising in niche market areas and differentiating their High-Street offering."

"The key to this opportunity is for local pharmacies to stock a core range of electrical products and sell them at similar prices to the High-Street multiples. To be successful, they will need to allocate space and personnel to achieve meaningful sales and profits."

Pharmacy synergy

Medielite has identified four product categories which have a strong synergy with pharmacy - personal diagnostics, oralcare, haircare and air cleaning systems.

- The £264 million diagnostics market is seeing considerable growth as an increasing number of people start to become more accountable for their own health.

Blood pressure monitors have the potential to provide a major pharmacy opportunity. Currently worth £10m, this category is predicted to grow by 50 per cent over the next three years.

This growth will be driven by greater consumer awareness of

hypertension and the emergence of household names like Braun and Philips in this market. With a 90 per cent share, Omron is continually developing innovative new products which are becoming more accurate and affordable.

- Electrical oralcare provides another major opportunity for pharmacies. The UK's fastest growing small appliance market, it has increased from £15m sales per annum to £43m in the past three years.

● In the £80m electrical haircare market, the £40m hand-held dryer category sector is static, with non attachment dryers growing by 5 per cent, driven by straight and sleek hair fashion trends.

Electric head lice combs are particularly appropriate for local pharmacies. The Robicomb electric head lice comb, (distributed by Medielite, rrp £24.99), is an effective yet chemical-free method of dealing with head lice.

- Air cleaning systems which can help asthma and allergy sufferers are another opportunity for pharmacies and can be sold successfully by a pharmacist.

Medielite will recommend a core range of proven products in the different categories which are ideal for individual pharmacies. It also offers regular promotions to drive sales and helps establish retail prices to ensure that the pharmacy can compete successfully in the High Street.

The company advises pharmacies to make the following commitments before selling electrical appliances:

- sell a range of appliances for 12 months of the year
- ensure that the range has adequate and well displayed space in-store
- appoint a member of staff to look after this category because the

products are mainly 'professional' products

- accept credit card payment by customers buying these products (which retail for £20-£100) in order to compete with High-Street multiples.

Already 'switched on' to electricals

is pharmacist Arvind Gautama, whose electrical section now accounts for up to 5 per cent of his pharmacy's overall business.

Three years ago, he doubled the size of his suburban Gerrards Cross pharmacy in

Buckinghamshire by buying the butcher's shop next door and knocking both shops into one.

It was this expansion that gave the Health & Beauty Pharmacy the scope to substantially increase its turnover by devoting more space to its electrical section.

Arvind explains: "When we first opened, the electrical section was fairly non-existent. We would get involved with the occasional blood pressure monitor or blood glucose testing kit, but there was no authority in the way we presented these products."

"The choice of products is dictated by the demographics of the area. I believe every pharmacist should look at his [or her] marketplace and customer profile, and then find the niche for that particular area. We cater for a fairly affluent population with around 70 per cent of our customers aged over 45 so we keep products which are required by this age group on a day-to-day basis."

The pharmacy's most successful electrical categories are oral hygiene products and blood pressure monitors. Small domestic electricals also sell well - particularly if they are being supported by TV advertising.

"Display is crucial to the success of selling electrical appliances in independent pharmacies"



Arvind Gautama shows a customer how to use a blood pressure monitor in his Gerrards Cross pharmacy

Arvind believes that the electrical products which lend themselves to being sold in a pharmacy are blood pressure monitors, blood glucose monitors, nebulisers and TENS pulse massagers for drug-free pain relief and sport injuries.

He comments: "All these machines are fairly specific in their action so you can't sell them without specialist knowledge."

Progressive sale

"As pharmacists we have got to be very careful how we describe the word 'sale'. In most other retail groups 'sale' is a very forceful word. I like to think that pharmacists make a sale in a progressive way so we are actually helping a patient," he says.

"I spent 45 minutes after work one evening last week assisting a patient by going round to his house to show him how to use a nebuliser. The customer was absolutely thrilled, I got tremendous satisfaction and, of course, I made a sale!"

All oral hygiene products are big sellers in the Health & Beauty Pharmacy so it has been a natural progression to develop the electrical oralcare side. The pharmacy has built up contact with local oral hygienists to expand its business.

The babycare section has also expanded to cater for the growing

number of young families in the area. On the electrical side, head lice combs and steam vaporisers are two electrical products which are popular with mothers of young children.

Arvind comments: "Head lice is a big problem in the UK and there are sales to be made from electrical head lice combs. We offer these combs to local schools so mothers can decide for themselves (perhaps guided by a school nurse) as to whether this piece of apparatus is effective for lice elimination.

"In this country, we also have an ongoing problem with children suffering from croup. By recommending a steam vaporiser for croup, you can make a £29.95 sale and make a mum very happy!"

Merchandising tips

Arvind divides his electrical display into four areas:

- specialist items like blood pressure monitors (retailing from £69 to £120) and small items like shavers, which can sell for around £100, are displayed in a locked cabinet positioned close to a sales counter
- hair dryers and styling tools (retailing from £10 to £35) are on display because customers like to be able to pick them up, open the boxes and see what's inside
- oralcare products, which range

from £19.99 for a Braun Oral-B promotional offer up to £129 for Sonicare, are on open display in a prominent position. Again, customers want to be able to touch these products before they will buy them

● specialist items like steam vaporisers, infra red lamps and underblankets are often a distress buy and these products are on open display at the back of the shop.

Arvind says that pilferage in the pharmacy is extremely low, but if theft is a problem it is geared to small expensive items like shavers which professional thieves can sell.

Electrical products are also generally featured in one bay of his pharmacy's impressive window display which is professionally dressed every seven weeks.

Display is crucial to the success of selling electrical appliances in independent pharmacies, according to Arvind. He also pinpoints "knowledge and prices" as the other key factors.

The price is right

Arvind comments: "We keep a tight eye on competitors' prices including those of the mail order companies. There is constant undercutting on electrical goods, especially with hair products, but in most cases we can match prices.

"However, my customers are unlikely to complain if I charge £2 more than a discount store as it will probably cost them more in petrol to drive to the nearest discount store.

"Generally, my POR on electricals varies between 23 per cent and 29 per cent. I am quite happy to take a reduction in margin on some items because the electrical section gives authority to my pharmacy."

Arvind does some extra buying for Christmas, but generally keeps his inventory fairly similar all the year round.

He points out: "Customers know that I carry electricals throughout the year which is the only reason they would come in to buy an electrical product at Christmas. It is very rare for a customer to buy an electrical product costing over £30 as an impulse purchase from a pharmacy."

The Health & Beauty Pharmacy has a dedicated member of staff for the electrical side plus another person who 'floats' between sections and can intercept at any stage if, for example, a customer wants a demonstration of a specialist product.

All the staff are immediately aware of any new electrical product because, as Arvind admits, "whenever I get anything new in, I always make a big song and dance about it!"

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Wigan pharmacist reprimanded following improvements

A Wigan pharmacist 'put on probation' after being found guilty of professional misconduct over the inadequate labelling of medicines last year, was reprimanded by the Royal Pharmaceutical Society's Statutory Committee, last week.

The Committee heard that Roy Lamb of Lamb's Pharmacy, Warrington Road, Wigan, Lancs, had "put his house in order".

Mr Lamb, who supplied the Westwood Lodge Nursing Home, Paulstock Lane, Wigan, between October 1995 and February 1996, was found guilty of professional misconduct by the Committee on January 21 last year.

He had supplied unlabelled or inadequately labelled medicines while others were incorrectly labelled and one particular prescription was subject to generic substitution.

He had told the Committee that the computer system he used did not print sufficient labels for multi-packs dispensed. Other problems were caused by going home in haste on one occasion and misinterpretation of a poorly written prescription.

The Committee had adjourned the hearing to give the pharmacist 12 months to put matters right.

At last week's hearing Matthew Seligman, for the Society, said Mr Lamb had been seen on six occasions during the past year by a Society inspector, who reported not only improvements at the premises, but also extra staff to cope with the volume of prescriptions dispensed.

In many ways Mr Lamb had become "a victim of his own success". In March 1996 he was dispensing medicines for 10,000 prescriptions a month, whereas in 1991 the figure was 2,000 per month.

David Reissner, representing Mr Lamb, invited the Committee to give him nothing more serious than a reprimand, bearing in mind the evidence of his conduct over the past 12 months.

Society inspector Stanley Brandwood explained that the pharmacy was much improved. "Mr Lamb has put right those matters which brought him before this Committee."

Committee chairman, Gary Flather said the pharmacist had had a "profitable 12 months" in which he had shown a keenness and willingness to take advice and comply with the Society's procedures.

Criticism as DoH sets out Viagra prescribing limits

The Government has been criticised over its proposals to limit access to impotence treatments on the NHS. In particular, the Association of the British Pharmaceutical Industry said that the plans "raise fundamental issues about the rights of patients to have access to the best means of treating their condition".

Following the announcement of a six-week consultation period on the matter last week, the ABPI said it was concerned that the proposals also seek to withdraw existing erectile dysfunction therapies from people who may have been receiving them for some time.

Last Thursday, ABPI director Trevor Jones said: "The principle behind this proposal is that the NHS has decided that the best treatments should not be made available to patients who require them, purely on the grounds of cost."

The consultation letter from health secretary Frank Dobson points out that until a final decision is made after the consultation period, "the existing advice that no doctor should prescribe sildenafil on the NHS stands". He argues that impotence in itself is neither life threatening nor causes physical pain.

Mr Dobson does not consider the problem a priority for additional NHS expenditure, arguing that the nature of existing treatments have, up to now, meant that expenditure has been self limiting. "With the development of more acceptable treatments, that self limitation no longer applies."

To restrict prescribing, Mr Dobson proposes that schedule 11 (which restricts drug prescribing to specific

conditions) of the General Medical Services Regulations be extended. Besides Viagra, this would cover Caverject, Erecnos, MUSE, Viridal and other preparations including papaverine, thymoxamine, yohimbine and phentolamine. If the proposals are accepted, then doctors would be expected to endorse FP10s with SLS for the Selected List Scheme.

Treatment would be available in a hospital setting and he intends to issue guidance that doctors should normally restrict their prescribing for impotence to one treatment per week.

Impotence treatments would be available on an NHS prescription, from GPs, for the following groups of men:

- those who have had radical pelvic surgery or their prostate removed
- those suffering from spinal cord injury
- diabetics
- men with multiple sclerosis
- men with single gene neurological disease.

In addition, the DoH is proposing that for other men who are caused distress by impotence, treatment should be available in exceptional circumstances, only after a specialist assessment in hospital.

Reacting to the news, Viagra manufacturer Pfizer called on the DoH to publish the Standing Medical Advisory Committee's clinical recommendations on prescribing sildenafil. The advice issued last September instructing health authorities and doctors not to prescribe Viagra was an interim statement based on advice given by SMAC. This was to be applicable until

SMAC's clinical guidelines and/or 'definitive guidance from government were available, claims Pfizer.

However, the company "understands that SMAC reported its recommendations to the DoH on time and within weeks of the Circular being issued". As such, it shares other organisations' "dismay" that no guidelines have been issued and questions why the SMAC report contents have not been revealed in circumstances where doctors are concerned to comply with their statutory terms of service.

Taking a more moderate stance was the NHS Confederation, which welcomed the proposals as a "sensible and workable solution to a difficult problem". Setting such limits should ensure there is a uniform approach around the country, avoiding the danger of 'post-code' prescribing.

Currently, the NHS is spending £10 or £12 million on impotence. It has been estimated that to give GPs the full right to prescribe treatment to anyone could raise the impotence bill to between £50m and £100m.

● Viagra should not be used recreationally as it may cause impotency, a report in this week's *British Medical Journal* claims. There are already reports of young men suffering priapism as a result of taking sildenafil, causing permanent erectile dysfunction through damage to the penile intracavernosal smooth muscle. The *BMJ* article also warns against taking sildenafil with any drug affecting nitric oxide levels, such as amyl nitrate 'poppers', as this could lead to a fall in blood pressure causing a stroke or heart attack.

Patient information 'guardians' to be appointed by the NHS

All NHS organisations have been asked to appoint local 'guardians' to ensure patient confidentiality and help improve the way the NHS handles information about patients.

By April 1, organisations from health authorities to trusts to primary care groups should have appointed a senior health professional, ideally at board level, who should have responsibility for promoting clinical governance within the organisation.

The guardians will fulfil a recommendation of the Caldicott Report, published in 1997, which looked at

current NHS uses of personal health information. Financial support will be available from funds to implement the 'Information for health' policy announced in the autumn.

Besides appointing guardians, organisations are expected to review current practices and develop "clear rules about disclosing patient information to other organisations". Part of this will involve the introduction of registered access authorisation to certain patient information held outside of the organisation, through the NHS Strategic Tracing Service.

PCG board membership questioned again

Another MP has asked about pharmacist membership of primary care group boards. Huddersfield MP Barry Sherman asked last week what plans the health secretary has to appoint a pharmacist to membership of all PCGs, and when PCGs will include a community optician.

Health minister John Denham replied in a written answer that: "Pharmacists and opticians are recognised as important stakeholders in the community and PCG boards have the power to co-opt them onto the board so as to make proper use of their skills and knowledge, but we do not intend to require a pharmacist or optician member on all boards."



*Her boyfriend's an hour late
She's already started to think of her pharmacist*

Truth is, she's thinking of how to beat her desire for a cigarette. And her pharmacist's advice has been crucial. She was recommended NiQuitin CQ. The NiQuitin CQ patches have certainly helped take the edge off the need, making each day more bearable. But enrolling in the Committed Quitters

Stop Smoking Plan put everything into perspective. It's personalised for her, and that's how she knew a restless wait could be tough. And it's how she knew the way to cope. So why think of her pharmacist? Because at least when it comes to giving up smoking, it's good to know she's not alone.

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HELP HER STAY CALM, IN CONTROL - AND QUIT

NiQuitin CQ Product Information. Presentation: Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 114mg nicotine per 22cm² patch), NiQuitin CQ Step 2 (containing 78mg nicotine per 15cm² patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7cm² patch), delivering 21mg, 14mg, 7mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. Apply patch to clean, dry skin site once a day

preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypertension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when

using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve with continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence number:** NiQuitin CQ 21mg (Step 1) 00079/0347; NiQuitin CQ 14mg (Step 2) 00079/0346; NiQuitin CQ 7mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Pack size and RSP:** All strengths 7 patches £19.95. **Date of preparation:** November 1998. NiQuitin CQ, CQ and Committed Quitters are trade marks.

There isn't a pharmacist (and not many of the lay public) who can't recite an example of a herbal ingredient that has become a well-known medicine - perhaps aspirin, digoxin or maybe a useful anti-cancer agent from the yew tree.

Herbal medicine has come of age. Quietly, behind the scenes, there has been an ongoing 'appliance of science'.

The 1968 Medicines Act recognised herbal medicines and gave them legal status; the responsibility to carry documented product licences (1971) and a manufacturer's licence regularly inspected by the Department of Health (now the Medicines Control Agency) was also enforced. The process of growing up had begun.

Recognition

The newly formed British Herbal Medicine Association worked tirelessly to provide scientific monographs on behalf of the trade and negotiated for proper recognition of herbals. This work continues today, and as founder members of ESCOP (European Scientific Co-operation on Phytotherapy), the BHMA helped establish a strong pan-European science and lobby group. The recent symposium in London, to a packed house of the European herbal industry and many legislators from national governments and the European Medicines Evaluation Agency, bodes well for the future (C&D, October 24, 1998, p6).

The influence of Europe is very strong. The European Directive 65/65 has almost completed its goal of a single market in pharmaceuticals.

The review of herbal medicines to these European standards for May 1990 was a severe test of the herbal trade. Common standards for safety, purity and efficacy were difficult and expensive to meet. Some 800 products succeeded and gained the full status of a reviewed product licence (PL). The transition to full medicine standard was complete.

Good practice

Common standards of manufacturing and good manufacturing practice ensured the basis of future mutual recognition. Indeed, one herbal product has succeeded in a multi-state procedure. The rules for a full centralised procedure are in discussion and funding is almost agreed. Now that's what I call recognition of herbal medicine!

There are many other signs of progress. Full reviewed product licences have brought acceptance of prescribability and health service

Science applied to herbal world

Europe is moving towards licensed herbal remedies, says **Tony Hampson**, managing director, Potter's Herbal Supplies



Jason Bennion

reimbursement for herbal medicines on the same terms as for other medicines.

The huge public interest is driving colossal growth. A third of OTC medicine sales in Europe are now herbal or have herbal ingredients, some 84 per cent being sold through pharmacy. Similar success could be experienced here in the UK (source: IMS).

WHO knows

The World Health Organisation is also producing standards and monographs. WHO knows that herbal products are essential to world healthcare. Herbs are a non-polluting "renewable resource" and our only hope for sustainable supplies of cheaper medicines for the world's growing population. The European Pharmacopoeia is also adding substantial numbers of herbal monographs.

As ever, such huge growth has brought problems as companies have exploited the lack of clarity in UK legislation. There is little doubt that up to 80 per cent of the products on the market place are illegal. These present a risk to consumers, many of whom are being fooled by insubstantial claims.

Years of careful science and negotiation with the licensing authority have produced licensed products that retailers and consumers could rely on. Today, few understand the PL (the obvious MOT for medicines) and doubts are once again concerning consumers.

This is not a reasonable return for those companies who have worked to agreed standards.

Europe has now recognised the problem. The Commission acknowledges that authentic herbal products will help reduce NHS and other national medicine costs, but it can only recognise authentic licensed medicines.

Into line

The recent consultation document MLX 249 also demonstrated that the UK authorities now intend to resolve the problem this April by bringing legislation into line with Europe.

So, to them, the future is very positive for licensed herbals. Modern labelling and patient information ensure that pharmacists and staff can have the confidence to stock and sell the herbal products.

Our products may not have the marketing hype of vitamins and supplements or the novelty of homoeopathy or aromatherapy, but their lack of adverse reactions fully supports the public's view that licensed herbals are safer, softer products whose reputation has been hard won and is fully justified. Our science can be your sales and profit.

Does homoeopathy work?

Professor Edzard Ernst, MD PhD FRCP (Edin), who heads the Department of Complementary Medicine, University of Exeter, describes work being done to assess the value of homoeopathy

The Department of Complementary Medicine is a world first. It was established at the University of Exeter in 1993, based on a substantial donation from the Maurice Laing foundation. Our emphasis is on clinical research.

Our group has defined complementary medicine (CM) as 'diagnosis, treatment and/or prevention which complements mainstream medicine by contributing to a common whole, by satisfying a demand not met by orthodoxy or by diversifying the conceptual frameworks of medicine'. This is a positive, inclusive attempt to describe CM by what it is, rather than by what it is not – for example, not taught in medical schools, not scientifically evaluated. The Cochrane Field of CM has recently adopted our definition as its working definition.

The team comprises two full-time secretaries, as well as 14 researchers and the head of Department. Our hands-on expertise covers acupuncture, aromatherapy, autogenic training, herbalism, homoeopathy, hypnotherapy, massage, naturopathy, nutritional therapies, reflexology, research methodology, spinal manipulation and statistics.

Research objective

The main objectives are to promote analytical thinking in complementary medicine in general and to conduct rigorous (mainly clinical) CM research

in particular. We focus on those therapies which are most popular in the UK, but consider all other areas of CM if the circumstances (such as funding, expertise, patient access) are favourable. The main emphasis is presently on acupuncture, healing, herbalism, homoeopathy and spinal manipulation.

The three main research questions we thrive to address are:

- is a given treatment effective for a given condition?
- is it safe?
- can it save money?

The main research tools we regularly employ are:

- surveys
- randomised clinical trials (RCTs)
- systematic reviews with or without meta-analyses.

We believe complementary medicine should be assessed critically – an uncritical scientist is, in our view, a contradiction in terms! We agree with the recent statement made by the Royal College of Physicians that there are no differences of principle between the appropriate research methods for complementary and orthodox treatments; technical problems in evaluating the former have also to be dealt with in the latter².

We also believe that being passionately in favour of complementary medicine can be a significant hindrance to conducting unbiased research. It most certainly is an obstacle for acceptance by mainstream medicine and science.

Research projects

The Department has compiled a package of around 250 of its own published articles on many areas of complementary medicine. The 'package' is obtainable on request at a cost price. The following gives a brief outline of our current research projects relating to homoeopathy.

Throughout its 200 year long history, homoeopathy has remained a highly controversial subject¹. The popularity of its early years gave way to a period of decline, which is presently being succeeded by a renaissance. Today's high level of interest has to be seen in the context of a more general 'boom' in CM: in the US, 40 per cent of the general population tries some form of CM each year⁴. In Germany, this figure is as much as 65 per cent⁵.

In the UK, homoeopathy has always been an integral part of the NHS and there are five homoeopathic NHS hospitals. The acceptance of British (non-homoeopathic) doctors of homoeopathy seems to be considerable: 92 per cent say they are willing to refer to homoeopathic colleagues⁶. For these reasons, homoeopathy is an important area of research for this Department.

Does it work?

The key question for community pharmacists is, obviously, does it work? About 100 trials of homoeopathy have been published. Because single trials are rarely conclusive (and would certainly not convince sceptics), we will look at recent systematic reviews of homoeopathy. Systematic reviews are overviews which assess all available data that meet certain, pre-defined criteria. Thus they minimise both selection bias and random error. Systematic reviews are considered to be the most compelling evidence in clinical medicine.

The most impressive systematic review and meta-analysis is the recent publication by Linde and co-workers⁷. It pooled the results of all 89 randomised or placebo-controlled, clinical trials of homoeopathy and concluded that the overall results cannot be explained purely through the placebo effect. Another recent different meta-analysis, authored by a

The 'softer' option

The Health Food Manufacturers' Association is working with the MCA towards a 'soft' registration system that would allow the sale of non-licensed products and mixtures, as many companies cannot afford to take the licensed route. Anthony Bush, sales and marketing director, Gerard Hause, says any new licensing system would have to be suitable for herbals rather than for single entity, navel pharmaceuticals.

"Clearly, it is important to ensure safety and good manufacturing practice, but pharmaceutical-type licensing is incredibly onerous and often doesn't benefit the consumer."

Bia-Health, which offers both licensed and unlicensed products, is confident that both have a place in future healthcare requirements in the UK and other countries.

"The dangers lie in poor quality products and misinformation," the company says. As generic herbals grow in popularity it will be important to give customers good information, a good choice and good quality.

panel of researchers with views both for and against homoeopathy, came to a similar overall conclusion⁸.

Linde's meta-analysis included studies of material dilutions (scientists never doubted that these can have clinical effects) and of non-classical homoeopathy, such as isopathy or complex remedies (Hahnemann condemned all treatments which were not in line with his teaching). It also included studies which were methodologically flawed.

Our re-analysis of Linde's data was therefore confined only to those trials of the highest methodological quality, to investigations of amaterial dilutions and to individualised ('true') homoeopathy. Only five trials fulfilled these criteria. Their total sample size was 587. Two trials showed a significantly positive result (that is favouring homoeopathy over placebo) or (non-significant) trend. Two trials tended to favour placebo over homoeopathic remedies. One demonstrated no difference at all.

The overall meta-analytic result implied that homoeopathic remedies are associated with the same clinical effects as placebo¹¹.

Another criticism of Linde's approach is that pooling trial data on totally unrelated clinical entities is impermissible^{9,10}. Thus we searched the literature to identify the two medical conditions for which most trial evidence existed, with a view to analysing more homogeneous data. Amazingly the two conditions are post-operative ileus and delayed onset muscle soreness.

Our systematic review and meta-analysis of homoeopathic trials for ileus included six controlled trials¹². Five of these were positive but the largest (and methodologically best) was negative. The pooled results from the three trials employing amaterial dilutions showed no significant difference between placebo and homoeopathy.

Excluding methodologically weak trials did not substantially change any of the results. It was concluded that there is some evidence that homoeopathic treatment can reduce the duration of post-operative ileus but that several important caveats had to be taken into account - the most important being the poor quality of the original investigations.

Our systematic review of all placebo-controlled, double-blind trials in delayed onset muscle soreness included eight studies¹³. Most trials were burdened with serious methodological flaws. Five trials yielded some positive results in favour of homoeopathy. The randomised (and, therefore, more rigorous) studies showed no significant difference between placebo and homoeopathy. It



Throughout its 200 year long history, homoeopathy has remained highly controversial

was concluded that the published evidence does not support the hypothesis that homoeopathic remedies used in these studies are more efficacious than placebo in alleviating the symptoms of delayed onset muscle soreness.

One criticism applies to all the above analyses: they assess different remedies and pool the results assuming the treatments are comparable. A further systematic review is therefore an attempt to address this problem by evaluating all trials on one single remedy: Arnica montana¹⁴. This remedy was chosen because it turned out to be the one for which the most trial data existed. Eight placebo-controlled trials were located. The majority related to conditions associated with tissue trauma. Again, most studies were burdened with significant methodological flaws. Two trials were positive, two included no formal statistical analysis (but numerically favoured Arnica over placebo). Four trials were negative. It was concluded that the data did not show homoeopathic Arnica to be more efficacious than placebo.

Outlook

What can one conclude from the above evidence? The results of recent systematic reviews are obviously far from uniform. Their pessimistic interpretation could be that the clinical effects and efficacy of homoeopathic remedies have not been demonstrated beyond reasonable doubt. Their optimistic reading could be that ample evidence

exists to suggest that homoeopathic remedies are more than pure placebos. In other words, the 200-year-old controversy continues¹⁵.

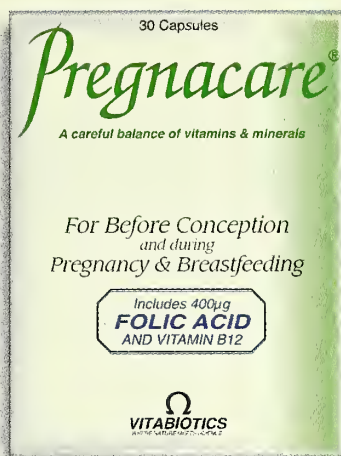
Should this controversy continue? Would it not be better to simply agree that homoeopathy is highly implausible and discontinue research in this area? This would probably not be a good solution. Homoeopathy is becoming increasingly popular. Therefore, we ought to work towards answering the most fundamental question: does it do more good than harm? We know that homoeopathy, like any other form of medical treatment, can harm some patients^{16,17}. If the risks are not counterbalanced by some demonstrable benefit, it would be difficult to defend or tolerate its use. Not attempting to answer conclusively the question of whether today's widespread use of homoeopathy does more good than harm, therefore, means not acting in the best interest of our patients.

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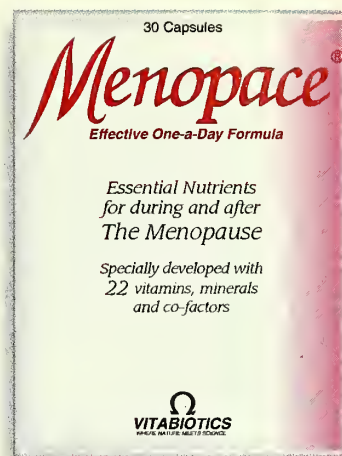
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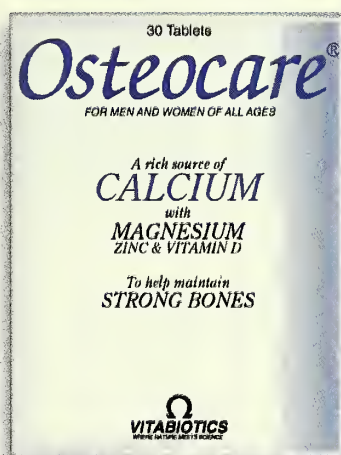
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Herbs – a lost opportunity?

Awareness and acceptance of herbal remedies continues to grow among the general public, but most pharmacies are still not taking advantage of the developing market.

This is the view of Anthony Bush, sales and marketing director, Gerard House, who says that while Boots and health food stores are doing well in this area, independent pharmacies are "struggling".

"Many pharmacies do not merchandise herbal medicines and remedies effectively and do not cross-sell. How many, for example, would recommend echinacea and garlic for colds and flu? There is good evidence that these can be very effective, yet pharmacists seem to stick with traditional OTC medicines," he says.

There are several other therapeutic areas in which pharmacists could recommend a herbal as a first line treatment, he says. Yet, although plant medicines were once at the core of pharmacy, the profession today seems reluctant to take them seriously and incorporate them into the pharmacy armamentarium.

"This is an area in which independents can compete very effectively with the supermarkets and even Boots, because customers still need reassurance and advice on what the products are for. This is prime pharmacy territory in which grocers can't do as well," he says.

Because background knowledge is the key to successful selling, his company will be putting more emphasis on educating pharmacy staff.

Mr Bush says it is difficult to put an accurate figure on market size, as it covers a wide range of outlets and type of product but he predicts that OTC herbal remedies could grow by about 10 per cent this year.

Remedy rush

There are suggestions that a couple of major international pharmaceutical companies are planning to enter this sector with unlicensed products. Unable to make medicinal claims, these products will probably take the grocery route but pharmacists could gain from increased public awareness following their promotion. "It will be

interesting to see the effect on the market," he says.

Bio-Health also expects continued growth in the herbal sector. The past year has seen fierce competition from imported supplements, leading to better terms and margins for retailers. Whereas Potter's strongly advises that pharmacists concentrate only on licensed medicines which can be recommended with confidence, Bio-Health says that pharmacists, as the only professional group with background knowledge of pharmacognosy, provide the perfect home for herbals exempt from licensing. Generic herbs are mostly unlicensed and have limited information available for consumers, so pharmacists can discuss the proper use of such products.

"It seems likely, with the growing interest in all things natural, that more generic herbs will become popular as they gain profile from publicity in daily papers, women's periodicals and radio and television programmes," the company says.

Pharmacists should ask suppliers for guarantees of purity, efficacy and safety data, with material confirmed as EP, BP, BHP or a published, recognisable standard.

Popular products

Seven Seas is finding that the most popular products are St John's Wort, echinacea and peppermint. The recent concern about antibiotic resistance, which is leading GPs to advise patients to self-medicate for colds and flu, could benefit sales of echinacea – used for many years to boost the body's natural resistance.

Peppermint is becoming more popular as modern lifestyles cause more people to suffer from indigestion and irritable bowel syndrome, while sufferers of certain depressive conditions might prefer St John's Wort to prescribed drugs.

Gerard House agrees that the best opportunities lie in remedies for coughs and colds and indigestion, together with mood elevators. Sleep disorders are another common problem for which many people seek natural alternatives.

Seven Seas and Potter's recommend block branding as the best way to merchandise. Says Potter's Tony Hampson: "If herbal products are scattered throughout the shop they aren't visible. The pharmacies that are successful in this area are the ones that make a good display of it."

● Potter's is embarking on its largest ever consumer advertising spend of £0.52 million, concentrated in the earlier part of the year. A new trade catalogue, now being distributed, is intended to serve as a training guide for pharmacy staff.

● Brewhurst Health Food Supplies is offering a New Year promotion on Ephytem, the phytotherapy range



Nelsons' free merchandising unit aims to maximise the impact of the new Clickpak range. It carries the top 30 remedies from the 6C potency range and top ten from the 30C range

launched last September. Until March, existing stockists can receive 10 per cent discount on orders. For every unit sold, assistants will qualify for a £1 Marks & Spencer voucher, and the assistant with the most vouchers will win a balloon trip. Ephytem herbal remedies use microspheres which release the active ingredients more quickly than capsules containing powdered herbs, resulting in the need to take fewer capsules. The range comprises eight single plants and nine combinations. A free-standing display unit holds all 17 products, together with a leaflet dispenser. New product launches, incorporating other technological advances, are planned for the spring.

● Bio-Health recently launched large sizes of its fast-selling products – St John's Wort, echinacea, wild yam, ginkgo and agnus castus – which offer consumers a 15 per cent price benefit over the small packs. The company agrees that branding is paramount for developing customer awareness of the ranges available. The Pure-fil additive-free range includes 28 generic herbal products and Bio-Health also has generic licensed herbal medicines and branded herbal medicines. Support includes training, PoS material, consumer leaflets and advertising throughout the year.

Information and training the key

The key to successful selling of complementary remedies is to provide good quality information at point of sale and to have knowledgeable staff, says Nelsons' Anna Maxwell.

This is why health food stores claim about half the £22 million over the counter homoeopathy market, from only 1,200 outlets or one-tenth the number of pharmacies.

She says there are good opportunities for pharmacists who offer a separate well-stocked, complementary medicines section, with a range of herbals, flower remedies, homoeopathic remedies and aromatherapy.

"Preferably, this should be adjacent to vitamins and minerals to attract those customers already taking an



Seven Seas is spending £1 million this year on press advertising for the Höfel's brand

interest in preventive medicine and likely to be more interested in alternative treatments. But the key is to make sure there is good information at point of sale. A lot of customers want to browse and if there is no information available it is difficult for them to make up their minds. It is also helpful to have a suitably trained counter assistant who can be the first point of contact."

Nelsons provides free educational seminars on homoeopathy and Bach flower remedies.

Ms Maxwell predicts the OTC homoeopathy market, which grew 5 per cent last year, will reach £25m by 2000, boosted by the recent introduction of Nelsons Klikpak - a portable container which enables consumers to take a remedy without touching it (see also C&D, January 16, p18).

The most popular products are those relating to stressful modern lifestyles, such as Bach Rescue Remedy, together with natural medicines intended for specific conditions, for example, cough and cold remedies, and arnica for bruises. Sales of specific remedies are growing the most quickly because they are more tailored to an OTC culture, she says. People who find that these work often move on to other homoeopathic remedies.

● Weleda is offering discounts up to 33 per cent on 6C and 30C over the counter homoeopathic

medicines in February, plus a six for five offer on OTC anthroposophic liquid medicines.

In March, a special merchandising unit for hay fever remedies will be available.

Trust your nose

Clive Walker, marketing director, Aromatherapy Products, says: "When buying aromatherapy products, pharmacists should trust their noses and be able to smell the difference between a quality product and a budget one - price not being a guarantee but an indication of the quality of the supplying company. What they sell to their customers should be therapeutic and 100 per cent natural."

"As aromatherapy comes of age and availability expands, consumers will become ever more sophisticated in their knowledge of what is effective. They will be able to spot cheap, imitation aromatherapy products."

The company believes the market for essential oils grew to an estimated £25-30 million in 1998, an increase of between 79 per cent and 114 per cent since 1996. If blended essential oils are included, the figure rises by a further £8-10m.

Tisserand launched Princess Néroli body lotion this month, as the first of a range of beauty products. Consumer press advertising, with full colour pages, will continue for Tisserand products throughout the coming year. A training module is available for pharmacy staff.



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London pharmacist supplied dealer

North London pharmacist David Emanuel supplied drugs to a street dealer, but claimed that they were being sold on humanitarian grounds to help the people of Iran.

However, the Statutory Committee of the Royal Pharmaceutical Society last week ordered that he should be struck off the Register, and asked why the affair had not been reported to the police by Mr Emanuel's employers.

"We do not know what exactly happened, but we have every reason to infer that these entered into the possession of a dealer. They have a High-Street value," said Committee chairman Gary Flather.

Mr Emanuel of Willesden made the deals while working in a pharmacy on Kilburn High Road. He supplied nearly £34,000 of hydrocodone 30mg tablets between April and November 1997.

No prescriptions for the drugs and no records concerning the tablets could be found by Society inspectors.

For Mr Emanuel, who was present at the hearing but did not give evidence, David Reissner said that the pharmacist had believed that he was acting in a humanitarian way.

But a member of staff at the Kilburn pharmacy told how she had been worried about a man called 'Dave' who came there three to five days a week and walked out with the tablets. She never saw any money changing hands or Mr Emanuel noting anything down or putting anything into the till.

She had complained to Stewart Evans, the superintendent pharmacist for the shop's owners, ABC Drugs Stores Ltd, who conducted an investigation that led to Mr Emanuel's dismissal.

Mr Flather said: "This was a Controlled Drug, a well-known drug which is commonly abused. Can we really believe that all this was done for humanitarian reasons, or to put it another way, is there any doubt at all that it was not?"

During the hearing, the Committee heard two people who worked in the shop deny any knowledge of a customer wearing Arab robes, which Mr Emanuel claimed. Instead, they talked of 'Dave' - a "cheeky cockney".

Mr Emanuel, who has been on the Register for 43 years, admitted that he had appeared before the Committee on a previous occasion.

'Kleptomaniac locum' struck off

Pharmacists should be able to warn colleagues about kleptomaniac locums they may have employed, it was suggested at a Statutory Committee hearing last week.

Chairman Gary Flather made the observation while striking off a 46-year-old woman convicted of ten offences of theft and illegal possession of drugs.

Janet Lentzos of Keighley, West Yorkshire, who had previously been reprimanded by the Society for similar matters, had been sentenced in April 1998 to 12 months in prison, suspended for two years.

Mr Flather said she kept drugs "rather like a squirrel", but showed a compulsion to steal things for which she had no immediate requirement. "It seems she took what was on hand on an opportunist basis. She took what she could while working as a locum. This is a shameful case. She had been given a chance in 1994 and this is merely a repetition."

Mrs Lentzos stole drugs and other items from three pharmacies where she worked as a locum, and took other items while on bail at another. She took the drugs, she claimed, as she pre-

viously had an addiction and was hoarding them "for security in case her addiction returned".

She was sentenced at Bradford Crown Court after admitting the offences on April 24, 1998, including four counts of theft, three of possessing class A drugs, two of class B drugs, and one of Class C.

She had been arrested in July 1997 after £20 had gone missing and a colleague reported the matter.

Geoff Hudson for the Society, said £20 in £1 coins, 100 Ritalin tablets, 501 nitrazepam, 493 dihydrocodeine and a bottle of aftershave with a total value of £55.56 was taken from Moss Chemists in West Boleyn, Bradford.

After the coins were discovered in her possession, her home was searched by police and other items discovered. Further inquiries revealed she stole Ritalin tablets from J Robertson & sons, Bradford, and a collection of gold coins worth £1,050, from Goodall & Butler Pharmacy, also in Bradford.

While on bail, she stole three blister strips of an oral contraceptive worth £2.10 and a strip of other tablets worth £1.86 from Hills Pharmacy, Leeds.

Pharmacist jailed for indecency struck off following case heard in absentia

An inquiry agent looking for character witnesses for a pharmacist accused of indecency, unwittingly approached another former victim who then went to the police.

As a result, the pharmacist, John Roger Oyston, 55, was jailed for three years for ten offences committed on two boys aged nine to 14, about 20 years ago.

Last week, the Statutory Committee of the Royal Pharmaceutical Society ordered Mr Oyston, of York, to be struck off. Chairman, Gary Flather, commented: "There is, after all these years, a sting that hurts. We have to mark our abhorrence..."

Mr Oyston admitted the offences of indecent assault at York Crown Court on February 13 last year, and is expected to be released from prison in August.

The Committee decided to proceed with the case in his absence, although Mr Oyston, who formerly ran the Burton Pharmacy, Intake Avenue, had requested an adjournment. Officials indicated that his reasons for seeking an adjournment related to having to appear while serving his sentence, possibly in handcuffs. Mr Flather said the Committee thought Mr Oyston's concerns were "exaggerated".

Mr Oyston's letter, in which he instructed the Society to remove his name from the Register, said: "I cannot

explain the disgrace of prison life or the devastating effect it has on morale. Conviction and imprisonment have reduced my self-confidence and self-esteem to a very low level.

"The prospect of being presented to the inquiry between uniformed prison officers would leave me severely disadvantaged at such an important time."

Mr Hudson, the Society's solicitor, told the Committee that matters concerned two boys 'A' and 'B'. Boy 'A' had got to know Mr Oyston after moving to York with his mother and brother. In

1974 they went on a trip to Cumbria with other boys, staying at a caravan.

'A' cut his foot and Mr Oyston took him back to the caravan ostensibly to treat him and began masturbating him. He was 11. The offence came to light many years later, after the death of the victim's mother.

During the investigation police became aware of offences on a second boy, who had grown up in York. His family were poor and Mr Oyston offered to take him to a railway museum in Cumbria when he was nine in 1975.

Told there would be other boys on the trip, 'B' got into Mr Oyston's car to find it was just the two of them. In a double room at a guest house, Mr Oyston talked about sex and masturbated him. Offences continued until 1981.

His Honour Judge Myerson, imposing the sentence, had commented: "The offences may have occurred many years ago, but at their heart is the systematic exploitation by you, for your own sexual gratification, of a boy somewhere between the ages of nine and 15 years."

Newcastle pharmacists fail to put their house in order

Two Newcastle pharmacists, found guilty of misconduct by the Statutory Committee last year, have still not put their house in order, despite promising to do so.

Anil Paul Khanna and his brother Sunil Paul Khanna, who own several pharmacies in the Newcastle area, had their cases adjourned in February 1998 to give them time to tighten up procedures and reduce the chances of prescribing mistakes happening again.

However, an investigation by a Society inspector in July last year revealed that the pharmacists were breaching the procedures that they themselves had set out in a manual.

At last year's hearing the pair were found guilty of misconduct on the basis that the systems in place for supplying pre-packed medicines were unsafe and that the pressures of work gave them insufficient time to check the medicines.

Matthew Seligman, for the Society, told last week's hearing that there was "a general and persistent non-compliance with four specific areas of the procedure" and breaches in two of these areas were repeated in an incident on March 17 last year.

Following the March incident, Society inspector Alison Hopkins said she discovered a number of failings at

the Elswick Road premises in July, 1998.

She discovered the prescription at the centre of the incident had not been checked by a pharmacist. When she tried to find a reference to it, she found the computer records were "totally inadequate".

She and another Society inspector carried out further visits on January 18 and found the pharmacists were still not complying with the procedures that required computer records and checking of prescriptions dispensed.

Timothy Spain, representing both pharmacists, asked the Committee to order a formal inquiry into the incident which occurred in March of last year.

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1. Taylor Nelson Sofres - Counterpoint Q2 1998. 2. Independent Pharmacy Audit MAT July 1998. 3. Independent Pharmacy Audit MAT July 1998.

Are you ready for the millennium? AAH Pharmaceuticals' marketing director **Steve Dunn** explains what precautions wholesalers are taking just in case others are not ...

Pre-millennial tension

It all starts with the clearing banks. On January 4 your branch calls you. "We can't process your payroll, or your BACS," they confess. Their ubiquitous 'holes in the wall' (or ATMs in the jargon) have largely failed. There's a liquidity crisis.

Then someone tells you that on the radio there is a story that the Inland Revenue computer system has crashed and that they can neither accept nor process tax information.

Social Security offices can't issue welfare cheques. Major airlines aren't flying, waiting to see if there is still integrity in the air traffic control systems. Manufacturing supply chains have been disrupted. People begin to panic buy from your shelves.

The traffic lights outside your pharmacy haven't worked since January 1, and enormous jams are beginning to build up as the evening rush hour gets underway. Intermittent electricity failures have occurred all day, your safe won't open and your burglar alarm won't stop ringing.

Petrol stations begin to close because there is no electricity to pump petrol. Cars stay in garages. Major hospitals turn patients away - their in-house equipment generators are running out of fuel, which they cannot replace quickly enough.

And so it goes on ...

A Year 2000 disaster scenario? Not necessarily so. The *Financial Times* of January 8 carried this in a leader: "The most likely scenario after January 1, 2000, is not apocalypse but a slow process of attrition in which small failures gradually accumulate until serious disorder occurs."

What have you done to ensure that you and your patients will be protected against such occurrences? And, perhaps as important, what have your major supply partners - including your wholesaler - done to ensure that your pharmacy can operate as near to normal as possible? And if you haven't done anything yet, what should you be doing?

Pharmaceutical wholesalers are taking these issues very seriously indeed. Some time ago, at AAH Pharmaceuticals, we put in place a number of programmes to ensure that



Guy Prebble

our pharmacy systems and our warehouse operational systems will survive the bug. Here are some examples of the things that we have done, and that you should be doing.

Will you be able to place an order after January 1, 2000? Will telephones and pharmacy ordering systems work? Our LINKScripts systems, both hardware and software, are currently in the process of being upgraded in the field to ensure that they will operate. At the order reception end, we - and no doubt many of our wholesaler colleagues - will be increasing our telesales staff numbers

and making sure that our helpdesks are fully manned.

Most big retailers believe that a spate of panic buying will start late in 1999, creating shortages. Panic buying spreads like wild fire and shortages, exacerbated by manufacturers' 'just in time' delivery policies, may well lead to empty shelves if you don't take action.

We recommend that you increase stock levels well ahead of the millennium and carry buffer stocks of key lines. We will be doing that in our warehouses, both increasing stock levels and taking in stock early on behalf of major suppliers.

Perhaps you should prioritise your stock holding on the top 500 essential lines in your pharmacy and ensure that you should not go out of stock if there are any supply problems over the millennium period. Wholesalers will certainly be doing so.

There will be staff issues that need to be dealt with too. The four-day bank holiday over the New Year will be a major party time. It is said that the rate for bar work in London on December 31, 1999, will be between £500 and £1,000 for the night, and similar sums are being offered for baby sitters.

This will no doubt lead to staff

shortages among the lower paid retail staff and particularly in the National Health Service. Maybe it would be wise not to be ill on New Year's Eve? Pharmacy owners and managers must ensure that they communicate to staff how important it is - as part of the nation's healthcare team - that they work the hours that are required to support their customers and that they adhere to the employment policies laid down by their employers.

Cash handling will be another area to consider over the millennium period. Urban myth has it that if everybody who uses an ATM on New Year's Eve draws out £5 more than usual there will be a liquidity crisis. Many believe that ATMs or BACS or both will have problems anyway.

Pharmacists need to be aware of this and also to ensure that they have in-store procedures to manually handle credit card or debit card processing and to deal with 'cash in' situations where their till or EPOS machine may not be working properly.

Pharmacists should expect unusual demand patterns. People will not be in their normal place of residence and, if the worst of the millennium prophecies comes to pass, may not be able to get back to their normal place of residence. This will lead to unusual demands and emergency requests for supplies and drugs that you may not normally be called on to dispense.

There are many people who feel

that the NHS will suffer. This could be due to staff deciding to take lucrative cash jobs on New Year's Eve, or it could be that problems with embedded chips lead to failure in many pieces of medical equipment. There could be problems with NHS and linked systems themselves.

Can you guarantee, for example, that your NHS cheque will arrive in January? What would happen to your cashflow? Pharmacists should be aware of these issues and make contingency plans.

A bleak background perhaps. But what has AAH been doing to ensure that our end of the supply chain is maintained? Every major UK company will tell anyone who will listen that they have written to their suppliers demanding confirmation that they are ready for the turn of the millennium.

The NHS has certainly written to all and sundry demanding this information on forms and questionnaires, which I am sure we have all spent time filling in. We, however, asked ourselves whether this was the way to go.

Surely, rather than asking every one of our suppliers to carry out a paper exercise, it would be more worthwhile to agree on those suppliers which are crucial to the continuity of our service. We could then spend our time liaising with them directly in order to be as sure as possible of a positive outcome.

This process is already well underway and major suppliers are working with our purchasing group as we jointly work on models and scenarios. There are also some critical, though much smaller, suppliers who are unique in their ability to provide us with specialist drugs and these are also part of the planning process.

Within the vast warehouses of both the manufacturers and wholesalers there are many embedded chips - in refrigeration, air conditioning, heating and alarm systems - which are time sensitive and must be checked and, if necessary, replaced. This is a long and arduous task which AAH has been addressing since 1997.

It's simple enough to look at software and to ensure that it is going to work properly, but embedded chip equipment is not so straightforward. Equipment suppliers have been contacted, chips and equipment replaced where necessary and many repetitive tests carried out.

We would recommend that pharmacists contact the suppliers of equipment that they have, which may contain embedded chips and make the same checks as we have done.

We have also had a look at all of our financial systems in order to ensure that come January 1 we can continue trading, ordering, invoicing and receiving payments. Naturally each and every one of the IT systems we use internally as well as the

pharmacy systems we supply to pharmacists have been checked out and are part of the detailed plan.

Even transportation needs to be checked - it's no good having everything ready if the electronic systems in the delivery vans refuse to function. Will your car work?

All of the above areas of the supply chain have been discussed at length between the various bodies involved. Even so, we felt the need to make further tests. We have, therefore, built a 'virtual warehouse' - a complete software replication into which we could throw different scenarios.

We set it up, set it running and then changed the date to January 1, 2000, to see what would happen; and the good news, it worked perfectly - we think!

Pharmacists should do as we have done. They should check with suppliers that the systems they use in-store are going to work. They should check with suppliers of safes, alarms, fridges and tills that they are going to work and if they don't get the right answer, they should take steps now to change or get the supplier to change the piece of equipment in question.

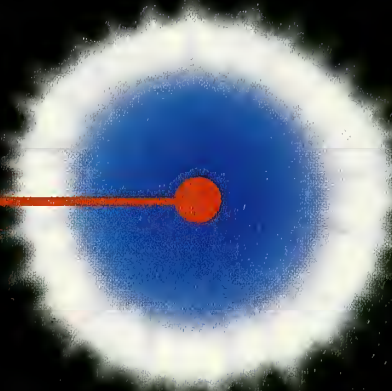
Wholesalers will have done their level best to ensure that our part of the supply chain will work after January 1, but no guarantees can be given that all will be well. We can only do our utmost to ensure that we are as ready as possible.

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Abbreviated Product Information. Presentation: White tablet engraved PARAMOL containing 500mg Paracetamol BP and 746mg Dihydrocodeine Tartrate BP. **Indications:** For the treatment of mild to moderate pain, including headache, migraine, feverish conditions, period pains, toothache and other dental pain, backache and other muscular pain and also as an anti-pyretic. **Legal Category:** P. **Product Licence Holder:** Seton Products Ltd, Oldham. PARAMOL is a Registered Trade Mark. **Further Information** is available on request from the Licence Holder.

 Seton
Healthcare Group plc

Wholesalers want warnings about stock shortages

Pharmaceutical wholesalers are facing severe stock shortages in certain lines and have urged manufacturers to give them more information to prevent a similar situation happening again.

This is not the first time wholesalers have complained about stock shortages. They have asked suppliers before to warn them if they suspect a shortage will occur. While SmithKline Beecham gives such warnings, many other suppliers have not followed suit.

The scale of the current problem varies between distributors. One wholesaler, for example, estimates that 4 per cent of its products are 'out of stock' - its worst figure for 12 months.

Michael Watts, the British Association of Pharmaceutical Wholesalers' executive director, said the Association was putting "enormous pressure" on manufacturers to sort out their supplies.

Tony Garlick, chairman of the BAPW's manufacturers' liaison committee, met manufacturers on Tuesday to discuss the issue. The suppliers - BAPW's associate members - told Mr Garlick that the problem partly stemmed from their moves to centralise production into key European sites. Their service has been affected as a result.

Manufacturers have promised to discuss, at the next associate members meeting, how they can issue stock shortage warnings sooner. Mr Garlick said it was a positive step. "I think something will happen, although it will mean more effort from manufacturers," he said.

The current problem has several sources. One is the freeze on Regent GM Laboratories' generic production, which occurred after the Medicines Control Agency criticised its lack of good manufacturing practice (C&D January 2, p4).

The MCA told Regent to recall a host of generics, including atenolol tablets 100mg and prednisolone EC tablets 2.5mg and 5 mg, and withdrew the company's licence to produce.

David Robinson, Regent's quality assurance manager, said all of its products are being held in quarantine at wholesalers. The company is still waiting to hear what the MCA intends to do.

Regent is liaising with the MCA to "implement the necessary corrective

measures" at its plant. "As we haven't got a licence now, we cannot produce or leave the site until we get another licence. Any products we have already produced have had to remain at the factory," said Mr Robinson.

Pharmaceutical wholesalers have also been hit by the cold and flu outbreak, which has not yet been classed as an epidemic, although it is severe in some regions.

Manufacturers, in turn, have had to pick up their production after the traditional Xmas/New Year lay-off.

C&D understands that confusion surrounding the Patient Pack Initiative may also have created shortages in certain areas.

Mr Watts said wholesalers understood these difficulties, but manufacturers' lack of communication compounded the problems. He sympathised with suppliers who argue that

shortline wholesalers could take advantage of their warnings. "Some of the entrepreneurial shortliners have bought up stock when they've heard there is going to be a stock shortage. They then have a monopoly on the stock that is available," he said.

But manufacturers, he added, already minimise this activity by monitoring the stock they sell to wholesalers and questioning anyone who buys a huge amount.

Mr Watts denied that wholesalers had partly brought the problem on themselves by cutting their stock supplies. Better communication had enabled everyone along the supply chain to reduce stocks. "Wholesalers are right to reduce their stocks and the advantages are passed onto pharmacists - it's the most efficient way to go. But if you get a hiccup, that reverberates all the way down the line," he said.



Michael Watts, BAPW's executive director

LIG shares soar after merger proposal

London International Group's shares rose 21 per cent to 163.5p on Monday, after it announced it had received a proposal to merge.

As C&D went to press on Tuesday, the price had risen again to 170.5p.

LIG, which produces Durex and rubber and surgical gloves, has refused to disclose who is behind the proposal. It

said the proposal was unsolicited, which means the company has not been looking to merge with anyone.

Its board will be meeting soon - a date had not yet been set - to decide how to react to the proposal.

Speculation suggests the contenders include Okamoto Industries, Japan's top condom manufacturer, and

Ansell, the second best-selling condom manufacturer in the US.

Healthcare firms, such as Smith & Nephew and Seton-Scholl, may also be interested.

Carter Wallace, whose Trojan condoms lead the US market, has been ruled out as a contender because of monopoly considerations.

Malibu brand acquired by former owner

The Malibu sun care range has been bought for an undisclosed sum by David Reiner, formerly managing director of International Classic Brands (ICB), the brand's previous owner.

The brand, described as a sun care budget range, still retails at £2.99.

Events have gone full circle for Mr Reiner, who originally bought the brand years ago and nurtured it until it was absorbed into ICB.

When the Worth Group which traded as ICB went into receivership last October, ICB continued to trade and Mr Reiner was retained by the receivers as an unpaid consultant to provide advice.

He has now set up a new company - Malibu Health Products International (MHPI) - based in London, to market Malibu.

The brand's sales should reach about £4 million this year, according to Mr Reiner. It is already the sun care market's fourth biggest brand.

MHPI will spend about £600,000 this year to promote Malibu. The brand is still produced by Universal, a manufacturer located near Lancashire.

MHPI wants to acquire other brands, some of which could be ex-ICB lines.

Merck Sharp & Dohme's anti-asthma therapy wins UK Prix Galien for innovation

Merck Sharp & Dohme has won this year's UK Prix Galien Award for innovation in drug development with its anti-asthma therapy, Singulair (montelukast).

Montelukast was launched last year and is the first of a new class of drug, leukotriene receptor agonists. It is orally active and binds selectively to CysLT₁ receptors in the airways to reduce inflammation and asthma symptoms.

The award was presented last Tuesday by health secretary Frank Dobson at a ceremony in London.

The Prix Galien is open to all UK pharmaceutical companies. The winner of the UK award goes forward to an international award which takes place every two years.

The awards were founded in France in 1969 by pharmacist Roland Mehl, who believed that while basic medical and clinical research received acclaim, pharmaceutical research was ignored. He still chairs the awards worldwide.

Three other drugs were commended by the judging panel, headed by Professor Sir Michael Rawlins, chairman of the Committee on Safety of Medicines and chairman designate of the National Institute of Clinical Excellence. They were:

- Lipitor (atorvastatin), a statin developed by Parke Davis to offer effective cholesterol lowering therapy
- Mabthera (rituximab), developed by Roche to treat non-Hodgkins Lymphoma
- Xalatan (latanoprost), a drug for the treatment of glaucoma from Pharmacia & Upjohn.

The Prix Galien Award for research and development went to Cambridge Antibody Technology for its work with a human antibody which may prevent scarring of the eye following surgery for retinal detachment and treatment of glaucoma.



Health secretary Frank Dobson (left) and Professor Sir Michael Rawlins (right), chairman of the judging panel with Prof Vincent Lawton, md, MSD (UK), who received the Prix Galien Award for drug innovation

Pharmaceutical wholesalers to take internet orders

Brentech Data Systems (BDS), a specialist in software for pharmaceutical wholesalers, is developing a 'catalogue' system that will allow pharmacists to place orders with their distributors through the internet.

The software will have details and pictures of products available to pharmacists - up to 20,000 products can be stored on the system. BDS will be working with some of its clients to make sure the system meets their needs.

BDS, based in Dublin, said it was too early to judge when the system would be ready to go live, but if the catalogue is successful, the company aims to sell the concept to other major pharmaceutical wholesalers.

Don Briggs, BDS' marketing director, said: "We've got as far as putting together a demonstrable piece of deliverable software, but have not brought the clients [distributors] into the ring yet."

Mr Briggs said the speed and flexibility of the internet made it an ideal platform for pharmaceutical sales and purchase orders.

BDS estimates that only 30 per cent of pharmacies are on the internet, although that ratio is expected to grow as the web becomes an established part of business and social life.

About 80 per cent of pharmacists, according to BDS, have electronic links with wholesalers. Within the next two years that ratio will grow to 95 per cent.

The company is also producing a 'template order form', which will enable pharmacists to place orders electronically with their wholesalers, who will then post the orders to manufacturers.

● BDS has introduced automated warehouse packing, touch-screen checking, stock switching, bar code scanning, a facility to liaise with sales reps and a facility to route vehicles and schedules to its Advanced Wholesale and Distribution and Real Time System (AWARDS), which is installed in over 20 sites in the UK and Ireland. The company has also released a Windows NT version - all its software is Year 2000 and Euro compliant.

COMING EVENTS

MONDAY, FEBRUARY 1

NICPPET

The Mourne Country Hotel, Newry. 7.30 for 8pm. 'Men's Health'.

TUESDAY, FEBRUARY 2

WCPE

Neath General Hospital. 7 for 7.30pm. 'Statins in the management of hyperlipidemia'.

WCPE

New House Country Hotel, Thornhill, Cardiff. 7 for 7.45pm. 'Drug Tariff'.

NICPPET

The Pharmaceutical Society, Belfast. 7.30 for 8pm. 'Cancer: palliative care'.

WEDNESDAY, FEBRUARY 3

Bradford & District Branch, RPSGB

Bankfield Hotel, Bingley. 7.30 for 8pm. 'The role of the coroner'.

WCPE

The Rossett Hall Hotel, Rossett. 7.15 for 7.45pm. 'Planning your learning'.

WCPE

Bronglais Hospital, Aberystwyth. 7.15 for 7.45pm. 'An Update on Psoriasis'.

THURSDAY, FEBRUARY 4

Sheffield & District Branch, RPSGB

Charnwood Hotel, Sheffield. 7.30 for 8pm. 'Primary care groups' (CPP).

NICPPET

Templepatrick. 'Commissioning pharmaceutical services'. 10am-5pm.

WCPE

Parkway Hotel, Cwmbran. 7 for 7.30pm. 'Medicines management in heart failure'.

WCPE

Coleg Ceredigion, Cardigan. 7.15 for 7.45pm. 'Hot off the Web'.

Ceuta expands services into nursing sector

Ceuta Healthcare is expanding its marketing services to target nurses, after acquiring Healthcare Resources (HR), which already specialises in promoting products to community nurses.

HR, whose acquisition price has not been disclosed, has been renamed Ceuta Healthcare Resources and becomes a division of Ceuta. Judith Plastow, who founded the Stokenchurch-based company in

January last year, has been appointed its director (see *People* p38).

The new division has 12 sales reps who cover practice nurses, district nurses and health visitors around the country. Its clients include Stiefel, Pharmax and Smith & Nephew.

Ms Plastow said her division would enable Ceuta to reach a wide range of primary healthcare professionals. "With the formation of PCGs and the prospect

of nurse prescribing looking increasingly likely, the role of the health professional will be increasingly important in the sales and marketing strategies of healthcare companies," she said.

This is the second time Ceuta has expanded in as many months. In December it set up a division called Pharma Consumer Care to market Glaxo Wellcome's top three OTCs (*C&D*, December 19/26 1998, p23).

Consumers to become pharma industry driving force, according to report

Consumers may soon - for the first time - have the greatest influence over the sale of drugs, reports The Boston Consulting Group (BCG).

The management consultants' report, 'The pharmaceutical industry into its second century: from serendipity to strategy', says the combination of patient power - stemming from the information available on the internet - numerous new drugs and changes in healthcare will moderate the influence of GPs and place increasing demands on pharmaceutical companies to address consumer needs.

The progress in understanding genes, meanwhile, will make it possible to tailor therapies to patients' specific needs. As consumers become aware of these treatments, they will be more active in shaping their own care.

The outlook is not so optimistic for pharmaceutical companies, which face short-term financial pressures that will reduce their growth in earnings to a maximum of 7.7 per cent, well below current expectations.

In the longer term, market condi-

tions will change radically as technology produces new breakthroughs and as consumers become more involved in their own treatments.

The looming financial crisis stems from government pressures to keep prices down, an unprecedented number of patent expiries over the next

five years and not enough new products in the late stages of development.

TBCG says pharmaceutical mergers are not the sole solution, although it concedes a deal with the right partner can strengthen the short-term pipeline, infuse cash and balance both companies' research expertise. For companies

to survive, the report says, they will need to: speed up and streamline launches; forge research partnerships with other organisations; accelerate global launches to penetrate international markets; and reduce costs.

For more information, contact Julian Wells on 0171 753 5353.

Healthcare firm to launch radical pharmaceutical pack

GP Print & Packaging Solutions (GP) and a leading healthcare company, whose name remains confidential, have developed a pharmaceutical pack that takes up half the shelf space of a conventional carton.

The new swivel pack is offered as an alternative to conventional blister packs, which tend to have limited space to hold information, according to GP.

Its pack comprises two cards: one card is coloured to highlight the product, while the inside is coated with a cold/heat seal adhesive to hold the tablets. Consumers have to press the back of the card to release the tablets.

Attached to this card is another, which is printed on both sides with the information that would normally be on a Patient Information Leaflet. The consumer can read this information by swivelling the card around (see photo). Afterwards, the card can be returned to its original position.

To prevent tampering with the packs, or stealing of tablets, the consumer has to break a seal before he or she can swivel the information card, and cannot take any tablets out until this card has been rotated.

GP said the pack, which has been tailored to suit one of the healthcare

company's products, should be launched by the end of February.

It is discussing the pack's potential with various ethical and OTC firms.



Advil pack: shown for demonstration purposes only

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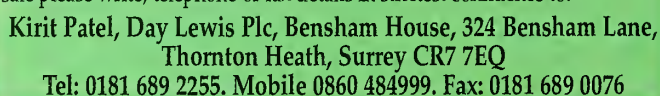
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Strath to practise what she preaches

Alison Strath is to take over a pharmacy in March, putting into practice some of the ideas she has been promoting as the National Pharmaceutical Association's community pharmacy development co-ordinator for Scotland and Northern Ireland.

The pharmacy is in Elie, Fife, and she will be forming a company with her fiancé Ken McPherson, who currently owns a pharmacy in Broughty Ferry, Dundee.

"It's an exciting new challenge," she said. "I'm looking forward to doing what I've been talking about to other pharmacists over the past three and a half years and, hopefully, showing what can be done. I'm also looking forward to going back to caring for patients."



100 not out – well, not quite ...

Love him or hate him, you cannot deny his staying power. It's taken maybe a bit longer than anticipated, but Society Council member Andrew Burr is set to clock up his 100th branch meeting.



He got as far as 99 and has stuck there for over a year – a little rumpus at Lambeth forced him into undignified temporary retirement. But now he is on the road again, and heading for Sefton on February 1 with his old cast of characters including Enigmatic Edna, Wheezing Willie, Devastated Doris and Hoarding Hilda.

He reckons to have written to 25,500 pharmacists personally, at a cost to himself of well over £5,000. He has travelled the UK from the Channel Islands to Nairn and reckons there are

only 36 active branches of the Society he has yet to visit.

"Love me or hate me, I believe I bring a different perspective," he said this week, and confessed that one of his remaining ambitions is to speak to the Central Glasgow Branch. Now why would that be, we wonder?



A couple of bottles of champagne were a pleasant January surprise for pharmacy assistant Jude Collins and her supervising pharmacist John McNulty, the winners of the first Counterpart draw of 1999. Jude completed her Counterpart course at Mr McNulty's pharmacy in Lochgilphead, Argyll, and was presented with her prize by Don Guidi (above left), territory manager for Counterpart's sponsors, Whitehall Laboratories

APPOINTMENTS

Wholesaler AAH Pharmaceuticals has expanded its purchasing team with the appointment of **Mark Green** as deputy group purchasing director. In this new position he will be managing the overall purchasing for OTC, and will report to group purchasing director Colin Wilson, who will focus more on ethical products. Mr Green has over 20 years' retail and buying experience, including 14 years with Marks & Spencer. For the past seven years he has worked for Comet, heading up the direct sourcing division for its own-brand range.



Mark Green

Nick Scholte takes over as chief executive of the Prescription Pricing



Retiring: Alan Hilton

Authority in Newcastle on March 1 when Alan Hilton will retire. Mr Scholte, aged 39, joins the PPA from the Legal Aid Board where he was business systems director. He has been a member of the executive board since 1990.

Helen Hammond has joined the Proprietary Association of Great Britain as its new advertising services manager. As such she is the contact for all those seeking PAGB approval on consumer publicity material for non-prescription medicines. Her background as a dietician within the NHS should be useful to the PAGB's newly launched dietary supplements programme – the Health Supplements Information Service.

Norgine has made two appointments in its medical department. **Dr Michael**

Geraint becomes medical director. He joins Norgine from Lorex Synthelabo. **Rodeina Watfa-Challand** has been recruited to the new position of medical services manager.

Nurse **Judith Plastow** is the director of Ceuta Healthcare

Nursing Resources, a 12-strong community nurse detailing team recently acquired by Ceuta. The new division lists Steifel, Pharmax and



Judith Plastow

Smith & Nephew among its clients (see p33).

Calvin Klein Cosmetics has named **Hilary Dart** as its new affiliate director. She is presently senior cosmetics buyer at Selfridges. She will join the company on February 8, and replaces Shelley Smyth who was promoted to vice-president marketing and sales Europe last October.

Ann Keen, MP for Brentford and Isleworth, has been appointed as parliamentary private secretary to health secretary Frank Dobson. She trained as a nurse, working in hospital before becoming a district nurse. US-based ChiRex Inc has appointed **Michael Nicholds** as vice-president sales and marketing. Dr Nicholds was formerly business manager, pharmaceutical intermediates at Zeneca LifeScience Molecules in Manchester, England.

Vanguard Medica has promoted **Jane Restorick** to head of clinical operations. She has worked for Vanguard since 1997, most recently being responsible for compliance issues.

Mary Gibbs, former marketing director for Ethical Research Marketing, has been appointed managing director of Laclede UK, a new company set up to market Oralbalance and Biotene dry mouth products. **Anne Watts** has been promoted to product manager.

Sign o' the times

Help, the sky is falling in. As eclipse mania combines with *fin de siècle* fever, serious questions are being asked in parliament.

As Falmouth and Cambourne MP Candy Atherton put it so succinctly, what assistance will the Department of Health offer to Cornwall in dealing with problems that may arise from the total eclipse of the sun on August 11, 1999?

With half of the British Public crammed into the picturesque peninsular, the problems will be rife – a surfeit of cholesterolemia from the clotted cream teas, sunburn (totality is only a couple of minutes) and blindness, or trench foot if the weather is typically British. The motoring organisations and police will also have to be well armed for the road rage that will accompany the mass efflux along the A38 that afternoon.

But taking it seriously, new health minister John Denham said that the South West Regional Office of the NHS Executive has already been working with local health authorities and NHS trusts "to ensure that the NHS has adequate plans in place to meet the demands placed on it during the period of the eclipse". Thank goodness they are a little more rare than a blue moon.

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THE FUTURE OF THE PHARMACY

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Check your existing knowledge

Could you answer these customer questions?

"Will a sun shirt protect my children from sunburn?"
"Can I take a medicine to prevent drowsiness on holiday?"
"I take an antihistamine for hay fever. Do travel sickness pills contain antihistamines? Can I take both?"
"What does SPFS mean?"

ICONS help you to remember the information

Learning Objectives

After completing this development pack, you should:

- be able to help your customer to accurately identify their symptoms
- be able to advise your customer on the correct use of their medicine
- be able to advise your customer on the correct use of their medicine
- be able to advise your customer on the correct use of their medicine

CHEMIST & DRUGGIST
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CHEMIST & DRUGGIST
THE FUTURE OF THE PHARMACY

CAMBRIDGE COUNTERPART PHARMACY ASSISTANT DEVELOPMENT

MODULE 10: TEST YOUR UNDERSTANDING

Answer each question by ticking the correct answer (A, B, C or D) in the box provided.

1. Which of the following is not a symptom of a cold?
A. Runny nose
B. Sore throat
C. Cough
D. Fever

2. Which of the following is not a symptom of a cold?
A. Runny nose
B. Sore throat
C. Cough
D. Fever

3. Which of the following is not a symptom of a cold?
A. Runny nose
B. Sore throat
C. Cough
D. Fever

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Prescribing Information

E45 Emollient Wash cream

White, non foaming, creamy emollient soap substitute which contains Paraffinum Liquidum, Cera Microcrystallina, Zinc Oxide, Laureth-4, Polyethylene, Cetyl Dimethicone, Aluminium Stearate, BHT, Stearic Acid.

Uses

For washing of dry, itchy skin conditions such as eczema, dermatitis ichthyosis and psoriasis.

Dosage and Administration

Adults and children: Use as required.

Contra-indications,

Warnings etc

E45 Emollient Wash cream should not be used by patients who are sensitive to any of the ingredients. Patients should take care not to slip when using before bathing and showering.

Package Quantities 250ml pump pack.

Basic NHS cost 250ml £2.75.

Status ACBS listed.

Manufacturer Crookes Healthcare Ltd, Nottingham NG2 3AA.

Date of Preparation

October 1998.

E45 Cream

White, smooth emollient cream which contains White Soft Paraffin BP 14.5% w/w, Light Liquid Paraffin Ph Eur 12.6% w/w, and Hypoallergenic Anhydrous Lanolin 1.0% w/w.

Uses

For the symptomatic relief of dry skin conditions where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis.

Dosage and Administration

Adults and children: Apply to the affected part two or three times daily.

Contra-indications,

Warnings etc

E45 Cream should not be used by patients who are sensitive to any of the ingredients.

Package Quantities

Tubes containing 50g.

Tubs containing 125g and also 500g.

Basic NHS Cost

50g £1.18, 125g £2.39, 500g £5.61.

Legal Category GSL.

Product Licence Number PL0327R/5904.

Product Licence Holder

Crookes Healthcare Ltd, Nottingham NG2 3AA.

Date of preparation

October 1998.

E45 Emollient Bath oil

Further information is available on request from Crookes Healthcare Ltd, Nottingham NG2 3AA.

Legal Category ACBS listed.

Date of preparation

October 1998.

References.

1. Berth Jones J, Graham Brown RAC. *J Dermatol Treat* 1992; 3: 9-11. 2. Błaszczyk-Kostanecka M, Prystupa K, Shaukat N. Poster presented at EADV, Nice, 1998. 3. Cork MJ. *J Dermatol Treat* 1997; 8: S7-S13.

Emollient therapy isn't complete without a good wash.



The harsh action of soap makes eczema worse.

That's why E45 Wash was formulated. As a non-drying emollient cleanser, E45 Wash is unique.

E45 Wash has clinically proven benefits in the management of eczema.¹ And now, recent evidence proves how effective it is when used in combination with E45 Cream and

E45 Bath, as E45 Complete Emollient Therapy.² In fact, mild to moderate childhood eczema can often be managed using complete emollient therapy alone.³

Just as importantly, E45 Complete Emollient Therapy is pleasant to use which means compliance. It's why E45 is called Complete Emollient Therapy.



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